

SDMS US EPA Region V

Imagery Insert Form

Document ID:

171514

Some images in this document may be illegible or unavailable in SDMS. Please see reason(s) indicated below:



Illegible due to bad source documents. Image(s) in SDMS is equivalent to hard copy.

Specify Type of Document(s) / Comments:



Includes ___ COLOR or ___ RESOLUTION variations.

Unless otherwise noted, these pages are available in monochrome. The source document page(s) is more legible than the images. The original document is available for viewing at the Superfund Records Center.

Specify Type of Document(s) / Comments:



Confidential Business Information (CBI).

This document contains highly sensitive information. Due to confidentiality, materials with such information are not available in SDMS. You may contact the EPA Superfund Records Manager if you wish to view this document.

Specify Type of Document(s) / Comments:



Unscannable Material:

Oversized ___ or ___ Format.

Due to certain scanning equipment capability limitations, the document page(s) is not available in SDMS. The original document is available for viewing at the Superfund Records center.

Specify Type of Document(s) / Comments:



Document is available at the Records Center .

Specify Type of Document(s) / Comments:

171211
MAPLE PLAZA CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL. 60515
TEL. (630) 852 - 7670
MANAGER - SUNG KANG
PAGER (630) 695 - 8720

OCTOBER - 25 - 2001

JOE DOMBROWSKI
REMEDIAL PROJECT MANAGEMENT SECTION
BUREAU OF LAND
ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
1021 N. GRAND AVE. EAST BOX 19267
SPRINGFIELD, IL. 62794 -9276

DEAR SIR OR MADAM

PLEASE FIND ENCLOSED ALL DOCUMENTS WHICH WE TRIED TO PROVIDE BEST AS WE CAN.

PLEASE BE AWARE THAT WE HAD TWO INSPECTIONS AT THE SITE. (2265 MAPLE AVE. DOWNERS GROVE
OLD ADDRESS 21W 265 MAPLE AVE. 7 Lisle TWP)

FIRST SITE INSPECTION ON JULY - 17 - 1998

THEY DRILLED INSIDE AND OUT SIDE (NEAR REAR DOOR)
THEY FOUND NO EVIDENCE OF CONTAMINATION UNDER GROUND

SECOND INSPECTION BY "DRY CLEANER ENVIRONMENTAL RESPONSE TRUST FUND OF ILLINIOS".

WE PASSED THIS INSPECTION AND ALL IT'S REQUIREMENTS.
WE RECEIVED CONFIRMATION NOTE DATED ON AUGUST -1-2001.

SO WE CAN CONTINUE TO HAVE OUR INSURANCE.

WE ARE VERY CONCERN.

WE WILL CONTINUOUSLY PARTICIPATE IN ALL PROGRAMS FOR GOOD OF PUBLIC HEALTH AND KEEP THE EARTH CLEAN.

IF YOU HAVE MORE INFORMATION PLEASE CALL ME AT ANY TIME.

THANK YOU
MANAGER SUNG KANG

Sung m. Kang

RECEIVED
OCT 30 2001
IEP 501

EL
10/25/01



Inland Commercial Property Management, Inc.

2901 Butterfield Road, Oak Brook, IL 60523
630-218-5262 FAX: 630-218-5270
Toll-Free: 877-206-5656
www.inlandrealestate.com

ATTACHMENT # 3

October 19, 2001

Sung Kang
d/b/a/ Maple Cleaners
2265 West Maple Ave.
Downers Grove, IL 60515

Re: Request for information to provide to the Illinois Environmental Protection Agency

Dear Mr. Kang,

This letter comes in response to your fax dated October 16, 2001 requesting information on Maple Plaza for the purposes of providing documentation for the Illinois Environmental Protection Agency. Please find below the answers to the best of our knowledge for Attachment C, 7a-g:

- 7.
- a) The legal description for the Facility is as follows:
LOTS 2, 3, 17, 18 AND 19 IN BELMONT PARK, BEING A SUBDIVISION OF PART OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED APRIL 22, 1922 AS DOCUMENT 155367, IN DU PAGE COUNTY, ILLINOIS.
 - b) All utility lines run along the backside or to the South of the shopping center as indicated on the enclosed Land Title Survey which shows the utility easement in that location.
 - c) The Facility consists of a single one-story shopping center of approximately 31,314 square feet as indicated on the Land Title Survey.
 - d) There are no ground water wells and no drilling logs were ever required.
 - e) The storm water drainage system runs underground throughout the property referenced in 7a and is connected to the Downers Grove Sanitary District storm sewer system. Separately, the sanitary sewer system runs underground beneath the Facility and is connected to the Downers Grove Sanitary District sanitary sewer system. There are no septic tank(s) or subsurface disposal field(s) on the property. Nor, are there any other types of underground structures.
 - f) There have been no additions, demolitions, or changes to the Facility and no plans for any. However, from time to time, there are interior changes to the individual suites within the shopping center in order to accommodate the uses of individual tenants.
 - g) Please find the enclosed Land Title Survey.

Should you need additional information, please do not hesitate to contact me at (630) 218-5262 or via email at barker@inlandrealestate.com.

Sincerely,

INLAND COMMERCIAL PROPERTY MANAGEMENT, INC.


Jill A. Barker
Property Manager

JAB/lj

Enclosure

ATTACHMENT C

Information Requests

1. Identify all persons consulted in the preparation of the answers to these Information Requests. **SEE ATTACH. # 1**
2. Identify all documents consulted, examined, or referred to in the preparation of the answers to these Requests, and provide copies of all such documents. **ATTACH # 2**
3. If you have reason to believe that there may be persons able to provide a more detailed or complete response to any Information Request or who may be able to provide additional responsive documents, identify such persons. **SUNG KANG PH (630) 852-7670
PETER (630) 695-8720**
4. Identify all persons having knowledge or information about the generation, transportation, treatment, disposal, or other handling of hazardous substances at the Facility by you, your contractors, or by prior owners and/operators. **ATTACH # 1**
5. Describe the nature of your activities or business at the Facility, with respect to purchasing, receiving, processing, storing, treating, disposing or otherwise handling hazardous substances or materials at the Site. **ATTACH. # 1**
6. State the dates during which you owned, operated, or leased the Facility, and provide copies of all documents evidencing or relating to initiation of such ownership, operation, or lease arrangements (e.g., deeds, leases, etc.). **ATTACH # 2**
7. Provide information about the physical conditions at the Facility, including but not limited to the following: **ATTACH. # 3**
 - a) Property boundaries, including a written legal description;
 - b) Location of underground utilities (telephone, electrical, sewer, water main, etc.);
 - c) Surface structures (e.g., buildings, tanks, etc.);
 - d) Ground water wells, including drilling logs;
 - e) Storm water drainage system, and sanitary sewer system, past and present, including septic tank(s), subsurface disposal field(s), and other underground structures; and where, when and how such systems are emptied;
 - f) Any and all additions, demolitions, or changes of any kind on, under, or about the Facility, to its physical structures, or to the property itself (e.g., excavation work); and any planned additions, demolitions, or other changes to the Facility; and
 - g) All maps and drawings of the Facility in your possession.
8. Identify all past and present solid waste management units (e.g., waste piles, landfills, surface impoundments, waste lagoons, waste ponds or pits, tanks, container storage areas, etc.) at the Facility. For each such solid waste management unit identified, provide the following information: **ATTACH # 3 & PAGE 6**

RECEIVED

OCT 30 2001

IEP 501

- a) A map showing the unit's boundaries and the location of all known solid waste units whether currently in operation or not. This map should be drawn to scale, if possible, and clearly indicate the location and size of all past and present units;
 - b) The type of unit (e.g., storage area, landfill, waste pile, etc.), and the dimensions of the unit;
 - c) The dates that the unit was in use;
 - d) The purpose and past usage (e.g., storage, spill containment, etc.);
 - e) The quantity and types of materials (hazardous substances and any other chemicals) located in each unit;
 - f) Pollutants, or contaminants, and damages resulting therefrom.
 - g) The construction (materials, composition), volume, size, dates of cleaning, and condition of each unit.
 - h) If unit is no longer in use, how was such unit closed and what actions were taken to prevent or address potential or actual releases of waste constituents from the unit.
9. Identify the prior owners of the Facility. For each prior owner, further identify: **ATTACH #1**
- a) The dates of ownership;
 - b) All evidence showing that they controlled access to the Facility; and
 - c) All evidence that a hazardous substance, pollutant, or contaminant, was released or threatened to be released at the Facility during the period that they owned the Facility.
10. Identify the prior operators, including lessors, of the Facility. For each such operator, further identify: **ATTACH #1 PAGE 16, PAGE 17**
- a) The dates of operation;
 - b) The nature of prior operations at the Facility;
 - c) All evidence that they controlled access to the Facility; and
 - d) All evidence that a hazardous substance, pollutant, or contaminant, was released or threatened to be released at or from the Facility and /or its solid waste units during the period that they were operating the Facility.
11. Provide copies of all local, state, and federal environmental permits ever granted for the Facility or any part thereof (e.g., RCRA permits, NPDES permits, etc.).
PAGE 1, 2, 3, 4, 19 AND 20
12. Provide all reports, information, or data related to soil, water (ground and surface), or air quality and geology/hydrogeology at and about the Facility. Provide copies of all documents containing such data and information, including both past and current aerial photographs as well as documents containing analysis or interpretation of such data.
PAGE 13, 14 AND 15
13. After the time You acquired the Facility, is there evidence or reason to know that any hazardous substance, contaminants, pollutants or oil was disposed of on, at or adjacent to the Facility? Describe the basis of this knowledge. Describe all investigation of the Facility you undertook prior to acquiring the Facility and all of the facts on which you based the answer to this question.
**NO RECORDS OF SPILLS OR RELEASES
OF ANY HAZARDOUS MATERIALS.**

14. Describe all leaks, spills or releases or threats of releases of any kind into the environment of any hazardous materials that have occurred or may occur at or from the Facility, including but not limited to:
- a) When such releases occurred or may occur; **No**
 - b) How the release occurred or may occur; **No**
 - c) What hazardous materials were released or may be released; **No**
 - d) What amount of each such hazardous material was so released; **No**
 - e) Where such releases occurred or may occur; **No**
 - f) Any and all activities undertaken in response to each such release or threatened release; **No**
 - g) Any and all investigations of the circumstances, nature, extent or location of each such release or threatened release, including the results of any soil, water (ground and surface), or air testing that was undertaken; and **NONE**
 - h) All persons with information relating to subparts a through g of this question. **SEE ATTACH #1**
15. If the answer to question 14 is anything but an unqualified "no," and if any releases or threatened release identified in response to question 14 above occurred into any subsurface disposal system or floor drain inside or under your building or buildings at the Facility, identify;
- a) Where the disposal system or floor drains were located;
 - b) When the disposal system or floor drains were installed;
 - c) Whether the disposal system or floor drains were connected to pipes;
 - d) Where such pipes were located and emptied;
 - e) When such pipes were installed;
 - f) How and when such pipes were replaced, or repaired; and
 - g) Whether such pipes ever leaked or in any way released hazardous materials into the environment.
16. Did any leaks, spills, or releases of hazardous materials occur at the Facility when such materials were being:
- a) Delivered by vendor; **No**
 - b) Stored (e.g., in any tanks, drums, or barrels); **No**
 - c) Transported or transferred (e.g., to or from any tanks, drums, barrels, or recovery units); or **No**
 - d) Treated. **No**
17. If the answer to the preceding question is anything other than an unqualified "no", provide all documents relating to any such leaks, spills or releases.
18. Has soil ever been excavated or removed from the Facility? **No**
- a) Amount of soil excavated;
 - b) Location of excavation;
 - c) Manner and place of disposal and/or storage of excavated soil;
 - d) Dates of soil excavation;
 - e) Identity of persons who excavated or removed the soil;
 - f) Reason for soil excavation;

- g) Whether the excavation or removed soil contained hazardous materials and why the soil contained such materials;
 - h) All analyses or tests and results of analyses of the soil that was removed from the Facility;
 - i) All persons, including contractors, with information about (a) through (h) of this request;
 - j) All reports, summaries or other documentation describing the excavation.
19. Provide records from 1972 through the present showing how much chlorinated solvent/cleaner or other chlorinated materials were purchased for the Facility. Provide records from 1972 through the present, which show how much chlorinated solvent/cleaner or other chlorinated materials were sent from the Facility to be recycled or disposed. Provide the manifests showing such recycling or disposal. **PAGE 16 AND PAGE 17**
20. Provide all records regarding the disposal of solid waste from the Facility from 1972 to present. **PAGE 22 AND PAGE 23**

ATTACHMENT D

2 Ill. Adm. Code 1828.401

Section 1828.401 Claims By Submitters That Public Records Are Exempt From Disclosure.

- a) A claim that a public record is exempt from public disclosure pursuant to Section 1828.202 must be made at the time of submittal of the public record.
- b) A claim that a public record is exempt from public disclosure must include:
 - 1) A claim letter, stating that the public record is exempt from public disclosure pursuant to Section 1828.202, identifying all exemptions that apply, and briefly describing the public record;
 - 2) A justification for the claim, including:
 - A) If the public record is a subsequent version of a public record previously granted exempt status by the Agency, a certified statement indicating:
 - i) The date of submission of the previous public record; and
 - ii) That the previous justification remains applicable to the current submission; or
 - B) If the submittal is not a subsequent version of a public record previously granted exempt status by the Agency, the following information:
 - i) Measures taken by the submitter to prevent disclosure of the public record;
 - ii) The rights of privacy, if any, that might be invaded by disclosure of the public record;
 - iii) The competitive value, if any, of the public record to the submitter; and
 - iv) Any other information that will support the claim for exemption from disclosure;
 - 3) A copy of the public record, marked in accordance with the requirements of subsection (c) of this Section; and
 - 4) If the submitter is currently a party in a proceeding before the Board or a court in which the information is relevant to the issues, the title of the proceeding, docket number, and, if applicable, identification of the court.
- c) The submitter must mark a public record or portions thereof claimed exempt from disclosure as follows:

- 1) Where the public record is claimed to be exempt from disclosure in its entirety, mark the public record with the words "Public Record Claimed Exempt" in red ink on the face or front of the public record. If submitted in electronic format, the public record must be clearly marked in bold at the top or front of the public record with the words "Public Record Claimed Exempt"; or
- 2) Where less than the entire public record is claimed to be exempt from disclosure:
 - A) Mark the public record with the words "Public Record Claimed Exempt – In Part" in red ink on the face or front of the public record. If submitted in electronic format, the public record must be clearly marked in bold at the top or front of the public record with the words "Public Record Claimed Exempt – In Part";
 - B) Indicate on the face or beginning of the public record which portion of the public record is claimed to be exempt from disclosure;
 - C) Mark every portion of the public record which is claimed to be exempt from disclosure with the words "Public Record Claimed Exempt"; and
 - D) Furnish the Agency with a second copy of the public record that is marked in accordance with (A) and (B) of this subsection and from which the portion of the public record that is claimed to be exempt from disclosure is deleted.



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3687
CHICAGO, ILLINOIS 60680

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

A handwritten signature in cursive script, reading "Sharon J. Kiddon".

Sharon J. Kiddon
RCRA Notifications Coordinator
Waste Management Division


RECEIVED

OCT 30 2001

125

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

Form Approved GSA GEN. REG. NO. 272 (Rev. 10-27-77)
EPA FORM 350-108-01

<p>Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>		 <h1>Notification of Regulated Waste Activity</h1> <p>United States Environmental Protection Agency</p>		<p>Date Received (For Official Use Only)</p>	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)					
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number	
				1144010105119112	
II. Name of Installation (Include company and specific site name)					
MAPLE PLAZA CLEANERS					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street					
2265 SSA ST MAPLE					
Street (continued)					
City or Town				State	ZIP Code
DUNTERS GROVE				IL	60515
County Code		County Name			
043904		PAGE			
IV. Installation Mailing Address (See instructions)					
Street or P.O. Box					
SAME					
City or Town				State	ZIP Code
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (last)			(first)		
KWAKE			YOUNG		
Job Title			Phone Number (area code and number)		
OWNER			630-852-7670		
VI. Installation Contact Address (See instructions)					
A. Contact Address Location		B. Street or P.O. Box			
<input type="checkbox"/>		SAME			
City or Town				State	ZIP Code
VII. Ownership (See instructions)					
A. Name of Installation's Legal Owner					
YOUNG KWAK					
Street, P.O. Box, or Route Number					
2265 MAPLE					
City or Town				State	ZIP Code
DUNTERS GROVE				IL	60515
Phone Number (area code and number)			B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed) Month Day Year
630-852-7670			P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276

Mary A. Gade, Director

INITIAL MANIFEST ORDER FORM FOR 20 FEE-EXEMPT MANIFESTS

This form entitles you, the generator to 20 fee-exempt manifests. Only this original form will be accepted for this original fee-exempt order. NO PHOTOCOPIES. LOST FORMS WILL NOT BE REPLACED. Complete the information requested below completely and accurately. The next 500 manifests you, the generator, order will be \$1.00 each. A separate order form will be provided and payment must accompany each future order. NO PHONE ORDERS WILL BE ACCEPTED.

GENERATOR NAME _____

IL GENERATOR NUMBER C 43C3C 5259

GENERATOR LOCATION _____

CITY, STATE, ZIP _____

CONTACT _____ PHONE _____

Indicate quantity and type of manifest:

_____ Manifest(s) (Circle One) Pin-Fed Snap-Top

NOTE: Your correct generator number is at the top of this form. This number should be used on all future order forms, and on all manifests from this generator's location. If there are any questions about this number, or if you receive multiple numbers, please contact the Agency. The correct number must be used.

TO EXPEDITE THIS ORDER, USE THE ENCLOSED PREPRINTED LABEL AND RETURN TO:

"MANIFEST REQUEST ENCLOSED"

ILLINOIS EPA LPC 24

P.O. BOX 19276

SPRINGFIELD, IL 62794-9276

PRINT CLEARLY BELOW, AS WELL AS ON THE ENCLOSED LABEL, THE NAME AND ADDRESS (NO P.O. BOX) TO WHICH THE MANIFESTS SHOULD BE SENT.

TO: _____

ATTN: _____

ADDRESS: _____ (NO P.O. BOXES)

MANIFEST REQUEST ENCLOSED

Illinois Environmental Protection Agency
Division of Land Pollution Control #24
1021 North Grand Avenue East
P.O. Box 19276
Springfield, Illinois 62794-9276

Violation under Illinois Revised
Section 22.8. Disclosure
of information may result in a civil
penalty up to \$1,000.00 for
each violation and imprisonment up to
6 months in the Management Center.

Send Manifests to (P.O. Box Not Acceptable):

RECEIVED

SEP 11 1991

IE

AUTHORIZATION STATEMENT

I authorize this request for assignment of an Illinois generator number. This company has not previously shipped waste from this location under the Illinois Manifest System. If my waste is a RCRA hazardous waste, I certify this company has or has applied for a USEPA generator ID Number.

Signature of Generator: _____

(Owner or Operator)

Date: _____

Illinois Uniform Hazardous Waste Manifests are required for all Special Waste shipments coming into Illinois, within Illinois and from Illinois to states not providing their own manifests.

Indicate the quantity and type of manifest(s) needed: _____

_____ Nonhazardous (circle one) Pin-Fed Snap-Top

_____ Hazardous (circle one) Pin-Fed Snap-Top

Signature of Person Making Request (if different than generator): _____

Company Name: _____

Telephone: _____

Date: _____

Return this form to: Illinois Environmental Protection Agency
Division of Land Pollution Control (#24)
Permit Section
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276

Generator shipping address: (Post Office Box Not Acceptable)

TO: _____

ATTN: _____

CA: rmi/4432n/1-2



FOR AGENCY USE ONLY

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY INVENTORY IDENTIFICATION NUMBER APPLICATION

INVENTORY # ISSUED:

0430305259

TRAN

CODE

A

TRAN

DATE

INITIALS

XXX

1

10

14

15

20

21 23

Please read the instructions on the reverse side of this form before completing. Please exclude punctuations when completing. Limit information to the amount of blanks provided or we will have to abbreviate for you. The information given is exactly how it will appear in the Bureau of Land's computer inventory system.

E.S.D.A. INCIDENT # (if applicable): _____

LOCATION ADDRESS

(exact street location where waste is generated)

Card Type

COMPANY NAME:

010

11 13

MAPLE PLAZA CLEANERS

24

53

LOCATION (Post Office Box numbers will not be accepted):

020

11 13

2255 MAPLE PLAZA

24

48

CITY: DOWNERS GROVE STATE: IL

55

ZIP: 60515COUNTY: DUPAGE

75 76

77

85

TELEPHONE: 630-852-7670

86

89

92

95

CONTACT: YOON KWAK

96

120

MAILING ADDRESS

(if same as above, leave blank)

030

11 13

STREET: _____

54

78

P O BOX: _____

79

84

CITY: _____

85

104

STATE: _____

105106

ZIP: _____

107

115

MANIFESTS:

You qualify for 20 free Uniform Hazardous Waste Manifests. If you do not need 20 Manifests, please indicate the amount you need. Please check the type you need.

Number of Manifests needed: _____ Snap - Top _____ Pin - Fed (computer fed) _____

RETURN ADDRESS: INDICATE THE LOCATION TO WHICH THIS FORM SHOULD BE RETURNED.

Company Name:

MAPLE PLAZA CLEANERS

Contact Person:

YOON KWAK

Street:

2255 MAPLE

City:

DOWNERS GROVEState: ILZip: 60515

Waste may not be sent to an Illinois facility without an IEPA Supplemental Waste Stream Permit number.

AUTHORIZATION STATEMENT

I authorize this request for assignment of an Illinois inventory ID number. This company has not previously shipped waste from this location under the Illinois Manifest System. If my waste is a RCRA hazardous waste, I certify this company has or has applied for a USEPA generator ID number.

Signature of Authorized Representative: SIGNATURE ON ATTACHED Date: _____



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL - PERMIT SECTION
2200 CHURCHILL ROAD
SPRINGFIELD, ILLINOIS 62794-9276

PAGE 3-1

PERCHLOROETHYLENE (PERC) DRY CLEANING FACILITIES

INITIAL NOTIFICATION REPORT
COMPLIANCE REPORT FOR POLLUTION PREVENTION
COMPLIANCE REPORT CONTROL REQUIREMENTS

FACILITY ID NO. 0503342 (FROM ADDRESS LABEL)
FORM MUST BE SUBMITTED BY JUNE 18, 1994

1. Print or type the following for each separately located dry cleaning site (facility). The owner of more than one site must fill out a separate form for each site.

Owner/operator YOUN HYUN KWAK

Company Name MAPLE PLAZA ONE HOUR CLEANERS

Mailing Address 2265 MAPLE AVE

City DOWNERS GROVE State IL Zip 60515

Site Address (If Different Than Mailing Address)

Street address _____

City _____ State _____ Zip _____

Phone Number _____ State _____ Zip _____

2. Check the box below if:

A. ☐ this site is a pick-up (dry) store only and you do not do dry cleaning at this location.

B. ☐ this site has only coin-operated dry cleaning machines that are operated by the customers.

C. ☒ this site has dry cleaning machines which use perc as a cleaning solvent.

If you checked either box A or B above, go to Question 9 (page 6), sign and return the form to the address given in the accompanying letter.

If you checked box C, continue with Question 3.

This Agency is authorized to require this information under Illinois Compiled Statutes, 1992, Chapter 415, Act 5, Section 1. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$50,000.00 and an additional civil penalty up to \$10,000.00 for each day the failure continues, a fine up to \$10,000.00 and imprisonment up to one year. This form has been approved by the Form Management Center.

RE
073, 201
IEF

CILITY ID NO. 0503342 (FROM ADDRESS LABEL)
FORM MUST BE SUBMITTED BY JUNE 18, 1994

3-2

3. Write in the total volume of perchloroethylene (perc) purchased for all of the machines at this site over the past 12 months:

63.4 gallons

Months: JULY 1993 to JUNE 1994

Note: a) If perchloroethylene purchase records have not been kept, the volume may be estimated for this initial report; records of future purchases must be kept.

Method of determining gallons (circle one):

actual

estimated

b) If your total yearly perc consumption is less than 1,800 gallons or 2,100 gallons (if the site includes no transfer machines) and you later exceed this limit, you are required within 180 days to:

i) apply for a CAAPP permit, and

ii) submit an updated compliance certification for control equipment.

(For exceedance prior to March 26, 1996, this certification need only be submitted by September 22, 1996.)

4. Next to each machine type listed below, write the number of machines of that type located at this site:

1 Dry-to-Dry

0 Transfer

Note: Examples of transfer machine systems include, but are not limited to:

a) a washer and dryer(s);

b) a washer and reclaimer(s);

c) a dry-to-machine and reclaimer(s).

5. Provide the following information for **EACH MACHINE** at this site. If you have more than 4 machines at your site, make additional copies of this page.

	Machine 1	Machine 2	Machine 3	Machine 4
Machine Type (Circle One)	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer	Dry-to-Dry or Transfer
Date Machine Was Installed	<u>March 1989</u>			
Control Device (Use WORKSHEET on Pages 7 - 9 to determine Required Control)	<u>No Control Required</u>			
Date Control Device was Installed or Is Planned to Be Installed				

6. If you listed a required control in Question 5 (page 2) for any machine at your facility, you must monitor your control.

To determine what type of monitoring is required, check all boxes that apply:

- a. ☒ I use a refrigerated condenser on a dry-to-dry machine to meet required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser is less than or equal to 45 °F.

- b. ☐ I use a refrigerated condenser on a transfer machine to meet the required control.

If you checked this box, you are required to perform a weekly monitoring test to show that the temperature on the outlet side of the refrigerated condenser on the transfer dryer is less than or equal to 45°F AND that the difference between the inlet and outlet temperature of the refrigerated condenser on the transfer washer is greater than or equal to 20°F.

- c. ☐ I use a carbon adsorber on a dry-to-dry or a transfer machine to meet the required control, OR

- d. ☐ I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber IMMEDIATELY UPON door opening.

If you checked either of the two boxes above, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of PERC in the exhaust from the carbon adsorber is equal to or less than 100 parts per million by volume.

- e. ☐ I use a supplemental carbon adsorber on a dry-to-dry machine and the exhaust passes through the carbon adsorber BEFORE the machine door is opened.

If you checked this box, you are required to perform a weekly monitoring test with a colorimetric detector tube to show that the concentration of perc inside the dry cleaning machine drum at the end of the dry cleaning cycle is equal to or less than 300 parts per million by volume.

- f. ☐ I use a room enclosure on a transfer machine.

If you reported 1,900 gallons or more in Question 3 (page 2) and your facility includes a transfer machine system, you are required to contain the transfer machine inside a room enclosure.

- i) If you checked this box, is the room enclosure constructed of materials impermeable to perc?

Yes ☐

No ☐

- ii) Is the room enclosure designed and operated to maintain a negative pressure at each opening at all times that the machine is operating?

Yes ☐ No ☐

- iii) Is air from the room enclosure vented through a carbon adsorber or an equivalent control device?

Yes ☐ No ☐

- iv) Is the room enclosure equipped with the same carbon adsorber used in controlling perc emissions from other sources at the facility?

Yes ☐ No ☐

7. Are the following pollution prevention practices performed at your facility? (These practices are listed on an attached sheet that can be posted next to your machine.)

- a. Conduct a weekly leak detection and repair program to inspect all dry cleaning equipment for leaks that are obvious from sight, smell, or touch? NOTE: This program is required every other week if you wrote NO CONTROL REQUIRED in the shaded box in Question 5.

Yes ☒ No ☐

- b. Repair leaks within 24 hours after they are found, or order repair parts within 2 working days after detecting a leak that needs repair parts and install the repair parts within 5 working days after they are received?

Yes ☒ No ☐

- c. Keep a log of the weekly (or biweekly) results of the leak detection and repair program?

Yes ☒ No ☐

- d. Follow good housekeeping practices, which include keeping all perc and wastes containing perc in covered containers with no leaks, draining cartridge filters in closed containers, and keeping machine doors shut when clothing is not being transferred?

Yes ☒ No ☐

- e. Operate and maintain all dry cleaning equipment according to manufacturers' instructions?

Yes ☒ No ☐

- f. Retain onsite, copies of each equipment and control device manufacturer's operation and maintenance specifications?

Yes ☒ No ☐

Note: If you checked No to any of the pollution prevention practices, your facility is out of compliance and must come into compliance IMMEDIATELY by strictly addressing these practices.

3-5

FACILITY ID NO. 05-03342 (FROM ADDRESS LABEL)
FORM MUST BE SUBMITTED BY JUNE 18, 1994

8. The following records shall be kept at your facility for at least 5 years from the date of entry and available to the Agency for inspection and copying upon request:
- a. Receipts of perc purchases.
 - b. A log of the volume of perc purchased each month.
 - c. A log of the calculation and the result of the yearly perc consumption as determined on the first working day of each month.
 - d. A log of the inspection dates, name and location of system components where leaks are found.
 - e. A log of the dates of repair and records of written or verbal orders for repair parts.

9. I CERTIFY THE INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

[Signature] 6-8-94
Signature Date

Print or type the name and title of the Responsible official for this dry cleaning facility:

YOUNG KIM OWNER
Name Title

A Responsible Official can be:

- The president, vice president, secretary, or treasurer of a corporation that owns the dry cleaning facility, or a duly authorized representative that is responsible for the overall operation of the facility,
- An owner of the dry cleaning facility,
- A principal executive officer if the dry cleaning facility is owned by the Federal, State, City, or County government,
- A ranking military officer if the dry cleaning facility is located at a military base, or
- A general partner of a partnership that owns the dry cleaning facility.

ACILITY ID NO 0503342 (FROM ADDRESS LABEL)
 FORM MUST BE SUBMITTED BY JUNE 18, 1994.

WORKSHEET

A. To determine whether control is required:

Check all boxes that apply:

1. ☒ I reported less than 140 gallons in Question 3 (page 2).
2. ☐ I reported less than 200 gallons in Question 3 (page 2) AND reported only transfer machines in Question 4 (page 2).
3. ☐ I reported greater than 200 gallons in Question 3 (page 2).

If you checked either box 1 or 2 above, write NO CONTROL REQUIRED in the shaded box on page 2 for each machine at your plant that was installed before 12/9/91. For those machines installed on or after 12/9/91, continue with the rest of the worksheet.

If all your machines were installed before 12/9/91, you can STOP HERE. YOU ARE FINISHED WITH THE WORKSHEET. GO TO QUESTION 9 (page 6).

If you checked box 3 above, go to Part B below.

B. Control is required. Fill out Part B for EACH MACHINE at your plant.

Check the appropriate box:

☐ Machine was installed BEFORE 12/9/91.

If you checked this box, your required control is refrigerated condenser or a carbon absorber that was installed before 9/22/93. Write REFRIGERATED CONDENSER OR CARBON ABSORBER in the shaded box below the machine on page 2.

Control must be installed by 9/22/96.

☐ Machine was installed ON OR AFTER 12/9/91 AND BEFORE 9/22/93

If you checked this box, your required control is a dry-to-dry machine with refrigerated condenser. Write DRY-TO-DRY MACHINE WITH REFRIGERATED CONDENSER in the shaded box below the machine on page 2.

If the machine you have is NOT a dry-to-dry machine with a refrigerated condenser, the machine must use either a refrigerated condenser or carbon absorber from 9/22/93 until 9/22/96.

License No. 2880-5321-01

Expiration Date 12/31/01

State of Illinois

Drycleaner Environmental Response Trust Fund of Illinois

MAPLE PLAZA CLEANERS
2265 MAPLE AVENUE
DOWNERS GROVE, IL

This certifies that _____
is licensed, in accordance with 415ILCS 135/60, as a drycleaning facility located
in the state of Illinois engaged in drycleaning operations for the general public.

On behalf of the Illinois Drycleaner
Environmental Response Trust Fund

Dorcel Owen

Program Administrator

12/30/00

Date



Illinois Department of Revenue

DS-3 Dry-Cleaning Operators' Annual License Fee Payment Form

FORM 162 REV 01
E R 1/1/1

Do not write above this line

Step 1: Identify the business

1 MAPLE PLAZA CLEANERS
Name

2 2265 MAPLE AVE
Number and street

DOWNS GROVE IL 60515
City State ZIP

3 _____
Address for the physical location of dry cleaning business if different than business address

4 28805321
Illinois business tax number (IBT)

5 345586301
Federal employer identification number (FEIN)

6 (630) 852-7670
Daytime telephone number

Step 2: Write the license year and license fee amount paid

7 The license fee I am paying is for the year 2000

8 Write the amount of license fee you are paying. \$ 500.

Fees: \$500 — (0 to 140 gallons of chlorine-based solvent;
0 to 1,400 gallons of petroleum-based solvent)
\$1,000 — (more than 140 but less than 360 gallons of
chlorine-based solvent; more than 1,400 but less
than 3,600 gallons of petroleum-based solvent)
\$1,500 — (360 or more gallons of chlorine-based solvent;
3,600 or more gallons of petroleum-based
solvent)

_____ Affix official
Illinois Department of Revenue
seal here.

DS-3 front (R-8/99)

9 Form DS-3 and the license fee payment are due on or before
December 31 for the following year's license. Your payment must
be in the form of guaranteed remittance, such as cash, cashier's
check, money order, or traveler's check. Personal checks **will not**
be accepted. Make your remittance payable to "Illinois Department
of Revenue." **Do not mail cash.**

**Mail your payment, this completed form, and a self-addressed,
stamped envelope to:**

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19018
SPRINGFIELD IL 62794-9018

We will accept cash at our Springfield and Chicago offices. Please
see the back of this form for the office addresses.

This form is authorized by the Dry Cleaner Environmental Response Trust Fund Act. Disclosure of this information is REQUIRED.
Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-3785



DOCUMENTS NOT SCANNED

Type of document(s): Insurance
Information

No.of pages: 3



November 1, 2000

Dear Licensed Drycleaner:

Our records show that your annual license is due for renewal by December 31, 2000. Enclosed are two forms that you must review and complete; the DS-3 License Fee Payment Form and your License Renewal Application. Please follow the directions below in order to renew your license for calendar year 2001.

- 1) Complete the enclosed DS-3 License Fee Payment Form after you have made your last purchase of drycleaning solvent in calendar year 2000. This form and your license fee payment **are due by December 31, 2000** at the Illinois Department of Revenue.
- 2) Send the DS-3 License Fee Payment Form along with your certified check or money order to the Illinois Department of Revenue, PO Box 19018, Springfield, IL 62794-9018. *(DO NOT send the enclosed License Renewal Application to the Illinois Department of Revenue – hold onto this form.)*
- 3) The Illinois Department of Revenue will return the white portion of the DS-3 form to you with their embossed symbol on it. When you receive this, complete the enclosed License Renewal Application.
- 4) Send **all** of the following information to: Drycleaner Environmental Response Trust Fund of Illinois, P. O. Box 7380, Bensenville, IL 60106-7380:
 - Your License Renewal Application,
 - A copy of all drycleaning solvent purchase invoices for calendar year 2000 from all solvent suppliers,
 - A copy of your solvent purchases log for calendar year 2000,
 - The "white" portion of the DS-3 License Fee Payment Form

NOTE - Failure to follow the above steps could delay the renewal of your license for calendar year 2001. If you have pollution liability insurance coverage issued by the Drycleaner Environmental Response Trust Fund, your insurance coverage will be cancelled if you do not renew and maintain your license.

If you should have any questions, please contact our office at 1-800-765-4041. Thank you.

Sincerely,

DRYCLEANER ENVIRONMENTAL RESPONSE TRUST FUND OF ILLINOIS

Enc

RECEIVED

NOV 13 2000

IE



DRYCLEANER

ENVIRONMENTAL RESPONSE
TRUST FUND OF ILLINOIS

LICENSING RENEWAL NOTICE AND APPLICATION

7-2

YOON KANG
MAPLE PLAZA CLEANERS
2265 MAPLE AVENUE
DOWNERS GROVE, IL 60515

License No: 2880-5321-01
Expiration Date: 12/31/00

Dear Operator:

Our records show that your license is due to expire for the drycleaning facility listed on this application. In order to renew your license please review the information listed below for any changes. You need to notify us of any changes by simply marking through the incorrect information and writing the correct information on this notice. Please return this notice to our office by **December 31, 2000** to avoid any delays in receiving your new license.

If no changes, you must still sign and return this notice. You must include your "white" DS-3 license fee payment receipt.

Facility Information

Name: MAPLE PLAZA CLEANERS
Address: 2265 MAPLE AVENUE
City: DOWNERS GROVE
State: IL Zip: 60515
Contact: SUNG KANG
Phone: (630) 852-7670
Date Facility Began Operations: 4/1989

Operator Information

Name: YOON KANG
Address: 2265 MAPLE AVENUE
City: DOWNERS GROVE
State: IL Zip: 60515
Contact: SUNG KANG
Phone: (630) 852-7670
Legal Entity: Sole Proprietorship
Fed ID or SS No: 354-58-6301
Illinois Business Tax No: 2880-5321

Real Estate Owner

Name: INLAND MANAGEMENT INC
Address: 2901 BUTTERFIELD RD
City: OAKBROOK
State: IL Zip: 60523
Contact: ROBERT MRACEK
Phone: (630) 954-5656
Legal Entity: Corporation
Fed ID or SS No: C

Solvent Suppliers

- 1) TRI-SUPPLY COMPANY
- 2)
- 3)
- 4)

If you use a supplier not listed, please write on the back of this form their name, complete address, contact, phone number and Illinois Business Tax #.

Annual License Fee Information

Please mark below the quantity of drycleaning solvents purchased by this facility in calendar year 2000. If you use both types, please provide the actual gallons purchased in 2000 on the lines provided. Also, please provide copies of your solvent purchase log and all invoices for solvent purchased in calendar year 2000 from all solvent suppliers.

Chlorine-based solvent:

☒ 140 gallons or less \$500 annually
☐ > 140 gallons and < 360 gallons \$1000 annually
☐ 360 gallons or more \$1500 annually

Annual Fees

Petroleum-based solvent:

☐ 1400 gallons or less
☐ > 1400 gallons and < 3600 gallons
☐ 3600 gallons or more

I understand and certify that by signing below, I am representing that the information provided on this renewal application is correct to the best of my knowledge; further, I understand that providing false or misleading information may be grounds to terminate my license.

Signature Sung M. Kang

Title MANAGER

Date 11-20-2000

Print Name SUNG M. KANG

Return this form and your DS-3 license fee payment receipt to: Drycleaner Environmental Response Trust Fund
PO Box 7380, Bensenville, IL 60106-7380



Illinois Department of Revenue

DS-3 Dry-Cleaning Operators' Annual License Fee Payment Form

FORM 162 REV 01
E R / /

(Do not write above this line)

Step 1: Identify the business

1 MAPLE PLAZA CLEANERS
Name
2 2265 MAPLE AVE
Number and street
DOWNERS GROVE, IL 60515
City State ZIP

4 _____
Illinois business tax number (IBT)
5 346-58 6301
Federal employer identification number (EIN)
6 (630) 852-7670
Daytime telephone number

3 _____
Address for the physical location of dry cleaning business if different than business address

Step 2: Write the license year and license fee amount paid

7 The license fee I am paying is for the year 2001
8 Write the amount of license fee you are paying. \$ 500.-

Fees: \$500 — (0 to 140 gallons of chlorine-based solvent;
0 to 1,400 gallons of petroleum-based solvent)
\$1,000 — (more than 140 but less than 360 gallons of
chlorine-based solvent; more than 1,400 but less
than 3,600 gallons of petroleum-based solvent)
\$1,500 — (360 or more gallons of chlorine-based solvent;
3,600 or more gallons of petroleum-based
solvent)

Affix official
Illinois Department of Revenue
seal here.

9 Form DS-3 and the license fee payment are due on or before
December 31 for the following year's license. Your payment must
be in the form of guaranteed remittance, such as cash, cashier's
check, money order, or traveler's check. Personal checks will not
be accepted. Make your remittance payable to "Illinois Department
of Revenue." **Do not mail cash.**

**Mail your payment, this completed form, and a self-addressed,
stamped envelope to:**

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19018
SPRINGFIELD IL 62794-9018

We will accept cash at our Springfield and Chicago offices. Please
see the back of this form for the office addresses.

DS-3 front (R-8/99)

This form is authorized by the Dry Cleaner Environmental Response Trust Fund Act. Disclosure of this information is REQUIRED.
Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center IL 492 3/85



TRI-Supply Co. RKFD

955 INDUSTRIAL COURT
LOVES PARK, IL 61111
(815) 637-6374 (800) 289-0653
FAX (815) 637-6472

REMIT TO:
TRI-SUPPLY CO.
955 INDUSTRIAL COURT
LOVES PARK, IL 61111

TRI-Supply Co. RKFD
Page 1

Page 1

MAPL10
Maple Cleaners
S 2265 Maple Ave
O Downers Grove IL 60515
D
T
O

S
H
I
P
T
O

Maple Cleaners
2265 Maple Ave
(630) 352-7670
Downers Grove IL 60515

Maple Cleaners
MAPL10

DATE	SALESMAN	ORDER NO.	ORDER DATE	SHIPPED VIA	TERMS	INVOICE NO.	INVOICE DATE	INVOICE
10/14/99	2	00038148		Tri-Supply Co. 10/12	n/30	00171965	10/14/99	00171

ITEM NUMBER	DESCRIPTION	ORDERED	SHIPPED	B/O	UNIT	UNIT PRICE	AMOUNT	
PERKCF	Perk - Carefill	1	1	0	Drum	133.0000	133.00	955 INDUSTRIAL CO LOVES PARK, IL 611
<p>THANKS FOR CHOOSING TRI-SUPPLY CO. 11111</p> <p>TERMS DISCOUNT OF 0.00 IF PAID BY</p>								

NON-TAXABLE	TAXABLE	SALES TAX	FREIGHT	MISCELLANEOUS	INVOICE TOTAL	INVOICE TOTAL
.00	133.00	8.31	.00	.00	141.31	141.31

7-4

TRI-Supply Co. RKFD

955 INDUSTRIAL COURT
LOVES PARK, IL 61111
(815) 637-6374 (800) 289-0653
FAX (815) 637-6472

REMIT TO:

TRI-SUPPLY CO.
955 INDUSTRIAL COURT
LOVES PARK, IL 61111

TRI-Supply Co. RKFD
Page 1

MAPL10
Maple Cleaners
S 2265 Maple Ave
O Downers Grove IL 60515
L
D
T
O

S
H
I
P
T
O

Maple Cleaners
2265 Maple Ave
(630) 852-7670
Downers Grove IL 60515

Maple Cleaners
MAPL10

Page 1

DATE	SALESMAN	ORDER NO.	ORDER DATE	SHIPPED VIA	TERMS	INVOICE NO.	INVOICE DATE	INVOICE NO.
05/28/99	2	00031869		Tri Supply 5/27	1/15, n/30	00160845	05/28/99	001648

ITEM NUMBER	DESCRIPTION	ORDERED	SHIPPED	B/O	UNIT	UNIT PRICE	AMOUNT	
RRKCF	Perk - Carefill	1	1	0	Drum	133.0000	133.00	955 INDUSTRIAL COURT LOVES PARK, IL 61111
~Thank You For Choosing Tri-Supply Co!!~								
TERMS DISCOUNT OF 1.33 IF PAID BY 06/12/99								

NON-TAXABLE	TAXABLE	SALES TAX	FREIGHT	MISCELLANEOUS	INVOICE TOTAL	INVOICE TOTAL
.00	133.00	8.31	.00	.00	141.31	141.31

TR Supply Co. LP

955 INDUSTRIAL COURT
LOVES PARK, IL 61111
(815) 637-6374
(800) 289-0653
FAX (815) 637-6472

INVOICE

INVOICE NO	000511
PAGE	1
DATE	01/17/00

ROUTE YSP

8-10-00

MAPL10

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

8-10-00

SAME

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

REFERENCE/P.O. NUMBER	SHIP DATE	SALESPERSON	TERMS	TAX CODE	DOB. NO.	RWH	FREIGHT	SHIP VIA
	01/10/00	YSP YANG SUNG	15-15 NET 30	ILWINALL	D00361	01	PREPAID	TS
ITEM	DESCRIPTION	ORDERED	SHIPPED	BACK ORDERED	U/M	PRICE	PER	EXTENSION
PERKCF	PERK - CAREFILL (20 GAL/DRM) PAID \$212.50 CHK #1311	1	1	0	DM	138.00	DM	138.00
<div>9-6</div>								
PLEASE DEDUCT 1.38 IF PAID BY 02/01/00		MERCHANDISE	MISCELLANEOUS	DISCOUNT	TAX	FREIGHT	TOTAL DUE	
		138.00	.00	.00	8.63	.00	146.63	

Supply Co. LP

955 INDUSTRIAL COURT
LOVES PARK, IL 61111
(815) 637-6374
(800) 289-0653
FAX (815) 637-6472

INVOICE

FILE COPY

INVOICE NO.	03581
PAGE	1
DATE	03/31/00

Route YSP

TO ORDER

MAPL10

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

PHOTO

SAME

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

[illegible]

TR
Supply
Co. LP

955 INDUSTRIAL COURT
LOVES PARK, IL 61111
(815) 637-6374
(800) 289-0653
FAX (815) 637-6472

INVOICE

FILE COPY

INVOICE NO.	005920
PAGE	1
DATE	05/31/00

Route YSP

TO ORDER

MAPL10

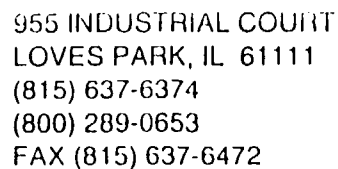
MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

TO ORDER

SAME

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

REFERENCE/P.O. NUMBER	SHIP DATE	SALESPERSON	TERMS	TAX CODE	ORD NO	WH	SHIP DATE	SHIP VIA
	05/30/00	YSP YANG SUNG	NET 30 DAYS	ILWINALL	004248	01	PREPAID	TRI-SUPPLY CO.
ITEM	DESCRIPTION	ORDERED	SHIPPED	BACK ORDERED	U/M	PRICE	PER	EXTENSION
PERKCF	PERK -- CAREFILL (20 GAL/DRM)	1	1	0	DM	133.00	DM	133.00



FILE COPY

INVOICE NO	06961
PAGE	1
DATE	06/27/00

Route 157

MAPL10

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL. 60515

0111

SAME

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

[illegible]

955 INDUSTRIAL COURT
LOVES PARK, IL 61111
(815) 637-6374
(800) 289-0653
FAX (815) 637-6472

FILE COPY

INVOICE NO.	1045
PAGE	1
DATE	11/08/00

Route 257

MAPL10

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

- SAME

MAPLE CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE, IL 60515

[illegible]



Illinois Department of Revenue

DS-3 Dry-Cleaning Operators' Annual License Fee Payment Form

FORM 162 REV 01

E R 1/1/1/1/

Do not write above this line

Step 1: Identify the business

1 MAPLE PLAZA CLEANERS
Name

2 2265 MAPLE AVE
Number and street

DOWNERS GROVE IL 60515
City State ZIP

3 _____
Address for the physical location of dry-cleaning business if different than business address

4 2880-5321
Illinois business tax number (IBT)

5 345 58 6301
Federal employer identification number (FEIN)

6 (630) 852-7670
Daytime telephone number

Step 2: Write the license year and license fee amount paid

7 The license fee I am paying is for the year 2000

8 Write the amount of license fee you are paying. \$ 500

Fees: \$500 — (0 to 140 gallons of chlorine-based solvent;
0 to 1,400 gallons of petroleum-based solvent)
\$1,000 — (more than 140 but less than 360 gallons of
chlorine-based solvent; more than 1,400 but less
than 3,600 gallons of petroleum-based solvent)
\$1,500 — (360 or more gallons of chlorine-based solvent;
3,600 or more gallons of petroleum-based
solvent)

Affix official
Illinois Department of Revenue
seal here.

DS-3 front (R-8/99)

9 Form DS-3 and the license fee payment are due **on or before December 31** for the following year's license. Your payment must be in the form of guaranteed remittance, such as cash, cashier's check, money order, or traveler's check. Personal checks **will not** be accepted. Make your remittance payable to "Illinois Department of Revenue." **Do not mail cash.**

Mail your payment, this completed form, and a self-addressed, stamped envelope to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19018
SPRINGFIELD IL 62794-9018

We will accept cash at our Springfield and Chicago offices. Please see the back of this form for the office addresses.

This form is authorized by the Dry Cleaner Environmental Response Trust Fund Act. Disclosure of this information is REQUIRED.
Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center IL 492 3/85





DRYCLEANER
ENVIRONMENTAL RESPONSE
TRUST FUND OF ILLINOIS

License Application Form

Drycleaning facilities, located in the state of Illinois and actively engaged in drycleaning operations for the general public, are required to be licensed with the Drycleaner Environmental Response Trust Fund of Illinois effective January 1, 1998. Please complete and return this form with the required document.

You are **not required** to be licensed and are **not eligible** for program benefits if any of the following define your facility.

- | | |
|--|--|
| <input type="checkbox"/> facility located on a US military base | <input type="checkbox"/> industrial laundry, commercial laundry or linen supply facility |
| <input type="checkbox"/> prison or penal institution | <input type="checkbox"/> state operated mental health facility |
| <input type="checkbox"/> not-for-profit hospital or other health care facility | <input type="checkbox"/> facility currently or formerly located on federal or state property |

If you need assistance in completing this form, please call 1-800-765-4041, ext. 2164.

Part A

Facility Information

Facility Name: MAPLE PLAZA CLEANERS Contact: Yoon KANG Phone No.: (630) 852-7670
Facility Address: 2265 MAPLE AVE. DOWNERS GROVE, IL 60515
Date facility began drycleaning operations _____
(If unknown, first date you know of its operations)

Part B

Operator Information

Operator Name: Yoon KANG Contact: Yoon KANG Phone No.: (630) 852-7670
Mailing Address: 92 HAWKINS CIRCLE WHEATON, IL 60187
Legal Entity: Sole Proprietorship ☒ Corporation _____ Partnership _____
Other, explain: _____ Illinois Business Tax #: _____
(See Illinois Tax Form DS-3 for tax #)
Fed ID or Soc. Sec. #: 354-50-6301

Part C

Real Estate Owner Information

Owner Name: INLAND MANAGEMENT INC Contact: ROBERT MRAZEK Phone No.: (630) 954-5656
Mailing Address: 2901 BUTTERFIELD RD OAK BROOK, IL 60523
Legal Entity: Sole Proprietorship _____ Corporation ☒ Partnership _____
Other, explain: _____ Fed ID or Soc. Sec. #: _____

RE

073-201

EE



License Application Form

Drycleaning facilities, located in the state of Illinois and actively engaged in drycleaning operations for the general public, are required to be licensed with the Drycleaner Environmental Response Trust Fund of Illinois effective January 1, 1998. Please complete and return this form with the required document.

You are not required to be licensed and are not eligible for program benefits if any of the following define your facility.

- | | |
|--|--|
| <input type="checkbox"/> facility located on a US military base | <input type="checkbox"/> industrial laundry, commercial laundry or linen supply facility |
| <input type="checkbox"/> prison or penal institution | <input type="checkbox"/> state operated mental health facility |
| <input type="checkbox"/> not-for-profit hospital or other health care facility | <input type="checkbox"/> facility currently or formerly located on federal or state property |

If you need assistance in completing this form, please call 1-800-765-4041, ext. 2164.

Part A

Facility Information

Facility Name: MAPLE PLAZA CLEANERS Contact: Yoon KANG Phone No.: (630) 852-7670
Facility Address: 2265 MAPLE AVE. DOWNERS GROVE, IL 60515
Date facility began drycleaning operations _____
(If unknown, first date you know of its operations)

Part B

Operator Information

Operator Name: Yoon KANG Contact: Yoon KANG Phone No.: (630) 852-7670
Mailing Address: 92 HAWKINS CIRCLE WHEATON, IL 60187
Legal Entity: Sole Proprietorship ☒ Corporation _____ Partnership _____
Other, explain: _____ Illinois Business Tax #: _____
Fed ID or Soc. Sec. #: 354-50-6301 (See Illinois Tax Form DS-3 for tax #)

Part C

Real Estate Owner Information

Owner Name: INLAND MANAGEMENT INC Contact: ROBERT MRAZEK Phone No.: (630) 454-5656
Mailing Address: 2401 BUTTERFIELD RD OAK BRICK, IL 60523
Legal Entity: Sole Proprietorship _____ Corporation ☒ Partnership _____
Other, explain: _____ Fed ID or Soc. Sec. #: _____

Part D

8-3

Annual Fee Information

Please mark below the quantity of drycleaning solvents purchased by this facility in calendar 1998. If this facility began operations after January 1, 1998, please estimate your annual drycleaning solvent purchases.

Chlorine-based Drycleaning Solvents

(mark one, if you purchase this type)

Actual (or) Annual

1998

Estimate

X _____ 140 gallons or less

_____ >140 gallons and <360 gallons

_____ 360 gallons or more

Petroleum-based Drycleaning Solvents

(mark one, if you purchase this type)

Actual (or) Annual

1998

Estimate

_____ 1400 gallons or less

_____ >1400 gallons and < 3600 gallons

_____ 3600 gallons or more

Annual Fees

\$500 annually

\$1,000 annually

\$1,500 annually

Part E

Drycleaning Solvent Supplier Information

Name of Supplier: WAUSAU CHEMICAL CORP Contact: KEVIN BRADEN Phone No.: 236-2200 (800)

Mailing Address: P.O. Box 953 WAUSAU, WI. 54982

Illinois Business Tax #: _____

(If you have more than one supplier, please attach a separate listing of them to this form.)

Items to Return:



Completed Application Form

Proof of Payment for License Fee to the Dept. of Revenue

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NOT KNOWINGLY OR WITH THE INTENT TO DEFRAUD, SUBMITTED THIS APPLICATION WITH FALSE INFORMATION OR CONCEALMENTS FOR THE PURPOSE OF MISLEADING. I ACKNOWLEDGE ANY SUCH ACTS WOULD BE GROUNDS TO DENY THIS APPLICATION OR CANCEL AN EXISTING LICENSE.

Yoon V. Kang OWNER 3-24-99
Applicant's Signature Title Date

Yoon V. Kang
Applicant's Printed Name

Return to: Drycleaner Environmental Response Trust Fund of Illinois
P.O. Box 9400
Sioux City, IA 51102
Phone: 1-800-765-4041

For Council Use Only:

License # Assigned: _____ Effective Date of License: _____

DOCUMENTS NOT SCANNED

Type of document(s): Insurance Information

No. of pages: 1

SITE INSPECTION FORM DRY CLEANER PLANT - COMPLIANCE CHECK LIST

Facility Name: 1 Hour Cleanes/Maple Plaza		Date of Inspection: 7/17/98	
Address: 21W255 Maple Avenue		Inspector Name: Pat Foshacht	
City/State/Zip: Downers Grove, IL		Escort: Mr. Kwak	
Phone #: 862-7670			
Contact: Yooh Hyun Kwak			
Facility Information: Generator I.D. #: ILD 984908202 Operating License #: Paid 12/26/97		<input checked="" type="checkbox"/> Dry to Dry <input type="checkbox"/> Transfer <input type="checkbox"/> Wet Only	
Equipment Type: Columba Turbo Dry S31		Age: ~10 years	
Chemicals Used: PCE		Quantity: 5 gallon/month	
Chemicals Used: Staticol		Quantity: 1 gallon	
Chemicals Used: spotting agents		Quantity: 1 gallon	
Hazard Communication: warning signs posted; Mr. Kwak sole operator of machine.	Pero Log	Yes	On-Site Documentation: MSDS on file; service log.
	RC Log	Yes	
	Inso. Log	Yes	
Exterior Inspection			
Is Staining Evident? Rust only		Concrete/Asphalt	Sewer/Drain
Exterior Chemical/Waste Storage? None		Minor stains	No stains
Comments: no visual evidence			
Interior Inspection			
Interior Drains: No stains			
Interior Floors/Walls: Muck on walls, minor stains on floors.			
Discharge Tray? Yes			
Waste Water Treatment? Yes			
Waste Treatment Facility: Galaxy WW Plant			
Serviced By: AnFero Co., Glen Ellyn, IL		Frequency: as needed	
Waste Hauler: Safety Klean		Frequency: 1 time a month	
Storage/Housekeeping: adequate			
Comments: Well maintained logs for pero, repair, inspection and refrigerated condensers.			

RE
COT 3 2001
IEP



August 1, 2001

Yoon Kang
2265 Maple Avenue
Downers Grove, IL 60515

Dear Mr. Kang:

We appreciate your cooperation with our recent Drycleaner Environmental Response Trust Fund of Illinois facility inspection at the site listed below:

MAPLE PLAZA CLEANERS
2265 MAPLE AVENUE
DOWNERS GROVE, IL 60515
RE: SITE #0001333

No problems or deficiencies were noted.

The Drycleaner Environmental Response Trust Fund of Illinois appreciates your participation in the inspection process and your efforts to protect human health and the environment. If we can be of any assistance, you are welcome to contact our office at 1-800-765-4041.

Sincerely,

DRYCLEANER ENVIRONMENTAL RESPONSE TRUST FUND OF ILLINOIS

Karla Kluver

Karla Kluver
Inspection Staff

ASSIGNMENT AND ASSUMPTION OF LEASE
and AMENDMENT TO LEASE

THIS ASSIGNMENT AND ASSUMPTION OF LEASE and AMENDMENT TO LEASE ("Assignment and Amendment"), is entered into as of Dec. 13, 1999, by and between Yoon Hyun Kwak (collectively "Assignor"), and Yoon V. Kang, jointly and severally (collectively, "Assignee").

RECITALS:

A. Inland Real Estate Corporation and Assignor entered into a lease dated September 23, 1992 (hereinafter referred to as the "Lease") pertaining to Downers Grove, Illinois ("Leased Premises") located in the Maple Plaza Shopping Center, 2265 Maple Ave., Downers Grove, Illinois as more fully described therein;

B. INLAND COMMERCIAL PROPERTY MANAGEMENT, INC. ("Landlord"), an Illinois corporation, is the managing agent for Inland Real Estate Corporation, an Illinois corporation, the current landlord under the Lease;

C. Assignor desires to assign all of its right, title and interest as the tenant under the Lease to Assignee and Assignee desires to assume, observe and perform all of the terms, covenants, and conditions to be observed or performed by the tenant under the Lease; and

D. The parties hereto desire to amend the Lease as hereinafter set forth.

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is hereby agreed that, effective July 21, 1998 ("Effective Date"):

1. Incorporation of Recitals. The Recitals set forth above are hereby incorporated by reference as is fully set forth herein.

2. Validity of Lease. Assignor hereby warrants and represents that the Lease is valid, in good standing, and in full force and effect and that there is no condition or state of facts now in existence, which, if not corrected, would constitute a default by Assignor, as the tenant, or the Landlord, as the landlord, under the terms of the Lease.

3. Assignment. As of the Effective Date, and subject to all of the terms, provisions, conditions, obligations, covenants and agreements contained or referred to in the Lease to be observed and performed by the tenant thereunder (collectively, the "Tenant Obligations"), Assignor does by these presents hereby grant, bargain, sell, convey, transfer, assign and deliver unto Assignee all of Assignor's right, title, and interest in the Lease, including Assignor's right to the Security Deposit relating thereto, if any, and in and to the leasehold estate created by the Lease.

J:\ROBERT\203 MAPLE PLAZA\ASSIGN.ASSUMP.AMEND.TO.LEASE.Y.KWAK.Y.KANG.DOC

Doc 2761571

HE

013041

IE

4. Acceptance. As of the Effective Date, Assignee accepts the assignment of the Lease and of the Security Deposit relating thereto, if any, which shall continue to be retained by Landlord, and in and to the leasehold estate created by the Lease. Assignee further assumes and agrees to observe and perform all of the Tenant Obligations, including, but not limited to, the payment of all rent (including, minimum or fixed rent, percentage rent and additional rent) and all charges and deposits (including common area maintenance charges and real estate tax deposits) due to be paid to Landlord, from and after the Effective Date, as fully and completely as though Assignee were the original tenant under the Lease.

5. Preservation of Landlord's Remedies. Landlord shall not be required to enforce or pursue any remedy which it now has or may hereafter acquire against Assignor or Assignee prior to proceeding against the other, and no failure, delay, or election to pursue any remedy hereunder or under the Lease against either party shall constitute a waiver on Landlord's part of the right to pursue said remedy against the same or the other party on the basis of the same or a subsequent breach. Any notices received from or given to Assignor by Assignee shall simultaneously be furnished to Landlord. Neither the consent of Landlord to this Assignment and Amendment, nor Assignee's taking possession of the Leased Premises, shall constitute or be deemed to be a waiver by Landlord of any existing default of Tenant Obligations by Assignor.

6. Maintenance of Agreement. Assignee and Assignor acknowledge that their undertakings hereunder are given in consideration of Landlord's consent to this Assignment and Amendment and that Landlord would not consent to this Assignment and Amendment were it not for the execution and delivery of this Assignment and Amendment in the form and substance hereof.

7. Amendment of Lease. From and after Effective Date the Lease shall be amended as follows:

A. Notices to Tenant shall be addressed as follows:

Yoon V. Kang
Maple Plaza Cleaners
2265 Maple Ave., Downers Grove, IL

B. Article of the Lease shall be amended to include as Exhibit the Guaranty of , attached hereto.

8. Amendment. This Assignment and Amendment shall not be modified except by written instrument subscribed to by Assignor, Guarantor, Assignee and Landlord. Except as specifically amended by this Assignment and Amendment, all of the terms, provisions, agreements, covenants and conditions contained in the Lease are and shall remain, unchanged and in full force and effect.

9. Inurement. The terms and conditions of this Assignment and Amendment shall be binding

upon and shall inure to the benefit of the parties hereto, and their respective heirs, successors and assigns.

10. Headings. This section and paragraph headings contained in this Assignment are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

11. Counterparts. This Assignment may be executed in two or more counterparts, each of which shall be deemed to be an original but all of which shall together constitute one and the same instrument.

12. Construction. This Assignment shall be governed by and construed in accordance with the laws wherein the Leased Premises are located.

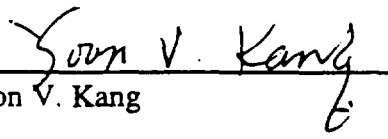
13. Security deposit of Five Thousand and 00/100 Dollars (\$5,000.00) is assigned from Assignor, and remains with Landlord on deposit.

IN WITNESS WHEREOF, the parties hereto have caused this Assignment and Amendment to be made as of the date first above written.

ASSIGNOR:

By: 
Yoon Hyun Kwak

ASSIGNEE:

By: 
Yoon V. Kang

12-5

6

CONSENT OF LANDLORD

The undersigned, as Landlord under the Lease described in the foregoing Assignment and Amendment, does hereby consent to the foregoing assignment from Assignor to Assignee on the conditions set forth therein and agrees to the foregoing amendment to the Lease.

This consent by Landlord to the Assignment and Amendment shall not in any way be construed as to relieving Assignee from obtaining the express prior written consent of Landlord, which consent shall not be unreasonably withheld by Landlord, to any further assignment or subletting for the use of any part of the Leased Premises nor shall the collection of rent by Landlord from any assignee, sublessee or other occupant, be deemed a waiver of this covenant or the acceptance of said assignee, sublessee or occupant, as tenant under the Lease, or a release of Assignee from the further performance by Assignee of the covenants in the Lease on the part of Assignee to be performed.

**INLAND COMMERCIAL PROPERTY
MANAGEMENT, INC.**

By: 

Its: PRESIDENT

Dated: 12/13, 1999

This Assignment and Assumption of Lease and Amendment to Lease is being forwarded for your approval and execution on the understanding that it shall not become effective until consented to in writing by the Landlord and executed and delivered by the Landlord.

07-Nov-98 11:25 AM
MRAZEK

Commercial REIT Receivables
Commercial Lease Synopsis

MS4500 1
PAGE 1

Building # 203 MAPLE PLAZA
Unit # 10
Tenant # 1 ~~Yoon Hyun Kwak~~ Yoon V. Kang
Sequence # 1

Trade Name: MAPLE PLAZA 1 HOUR CLEANERS (548)
Tenant Type: (CLEANERS)

Unit Location: 21 W 265 MAPLE AVE
DOWNERS GROVE, IL 60515

Billing Address: 21 W. 265 MAPLE AVE
DOWNERS GROVE, IL 60515

Notice Name:
Notice Address:

Copy to:
Copy to Address:

Lease Type: Retail
Date of Lease: 09/23/1992 Square Feet: 1,500
Possession Date: Lease Term: 03/01/1993 to 02/28/2003
Opening Date: 03/01/1993 Rent Changeover Day: 1
Option Notice Date: Lease Year: 03/01 to 02/28
Option Notice Desc: 1-5 YEAR
S/D Required: 5,145.00 S/D Held: 5,145.00
Guarantor:
Contact:

Late Charge Desc: \$250.00 OR 10% IF NOT PD BY DUE DATE + PRIME +
4% NLT 14%

Fixed Rent:		per sq. ft.	
Eff. 03/1993	2,000.00/Mont	16.00/S	1,500 S.F. (Area)
Eff. 03/1994	2,070.00/Mont	16.56/S	1,500 S.F. (Area)
Eff. 03/1995	2,142.45/Mont	17.14/S	1,500 S.F. (Area)
Eff. 03/1996	2,217.44/Mont	17.74/S	1,500 S.F. (Area)
Eff. 03/1997	2,295.05/Mont	18.36/S	1,500 S.F. (Area)
Eff. 03/1998	2,295.05/Mont	18.36/S	1,500 S.F. (Area)
Eff. 03/1999	2,363.75/Mont	18.91/S	1,500 S.F. (Area)
Eff. 03/2000	2,435.00/Mont	19.48/S	1,500 S.F. (Area)
Eff. 03/2001	2,507.50/Mont	20.06/S	1,500 S.F. (Area)
Eff. 03/2002	2,582.50/Mont	20.66/S	1,500 S.F. (Area)

Annual Rent Adjustment:

Option Rent:
NONE

Additional Rent:	Freq.	Area %	Group Code	Admin %	Est
PRS: COMMON AREA MAINT	Monthly	4.79	203I	0.00	1
INCL. SAL, ROOF, MGMT FEE UP TO 4%					
PRS: REAL ESTATE TAX	Monthly	4.79	N/A	0.00	1
PRS: INSURANCE	Monthly	4.79	N/A	0.00	1
S/B IN CAM					
MERCHANTS DUES	Monthly	4.79	N/A	0.00	

Insurance Requirements:

Expiration Date
Public Liability \$ 2,000,000.00 Property Damage \$ 0.00
Days Notice to Change/Cancel 0
Plate Glass Yes

12-8

07-Nov-98 11:25 AM
MRAZEK

Commercial REIT Receivables
Commercial Lease Synopsis

MS4500 1
PAGE 2

Dram Shop	No
Contents	Yes, at 90%
Other	No

ATUT #	101199-07
Additional Insured 1	INLAND COMMERCIAL PROPERTY MANAGEMENT, INC.
Additional Insured 2	TRUST-L/L & ASSINGS AS DIRECTED
Landlord Insurance	

Abatement:

Percentage Rent:

Start Date: Frequency: Never

Pct of Sales:

Sales Base \$:

Sales Start Date:

Sales Frequency:

(1) LEASE ASSIGNED 4-14-94-FROM PONG PAK & CHUN PAK W/O LIABILITY. (2)
TRADING AREA 3 MILE RADIUS. HOLDOVER=200% (3) ESTOPPEL CERT-5 DAYS (4) L/L
MAY RELOCATE TNT @ L/L EXPENSE (5) TNT HAS EXCLUSIVE USE PROVISION-
SEE RIDER SEC.14.22

Utilities:

Maintenance:

Tenant: HVAC AND ALL OTHER INTERIOR INC. GLASS

Landlord: ROOF, FLOORS, WALLS

Termination/Expansion Option:

Default:

Monetary: 5 DAYS NOTICE

Other: 15 DAYS NOTICE

Use Clause:

RETAIL DRY CLEANING ESTABLISHMENT W/ PLANT ON-SITE 1 HOUR SERVICE

Miscellaneous:

*EXTEND THROUGH END OF PROFORMA OF THIS RATE.

(1) TNT TO REDECORATE AT END OF 5TH YR W/ NOTICE FROM L/L

(2) NO VENDING (3) TNT TO PROVIDE BOILER & MACHINER POLICY (4) NO
TRANSFER OR SUBLET W/O L/L APPROVAL

LEASE APPROVAL

TO: Scott Carr.

DATE: 8/4/99 12-9

PROPERTY: maple Plaza

NEW LEASE / RENEWAL

TENANT: maple Plaz. Cleaners

Lease Assignment

COMPLETED BY

1. LEASE/DOCUMENT IN DUPLICATE

2. LEASE SYNOPSIS

3. CREDIT CHECK

4. T.I. COST ESTIMATE

5. LEASE ANALYSIS

6. COMMISSION REQUISITION

7. SECURITY DEPOSIT

AMOUNT: _____

RECEIVED: _____

8. GUARANTY: YES / NO
PERSONAL / CORPORATE

REVIEWED BY: 

COMMENTS:

Scott Please Sign this Assignment, it was reviewed
and approved by KR 8/3/99

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

The following components must be checked for *PERCEPTIBLE* leaks every week.
(every other week for Small Area Sources)

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

1. Hose and pipe connections
Fitting, couplings, and valves
2. Door gaskets/seatings
3. Filter gaskets/seatings
4. Pumps
5. Solvent tanks and containers

6. Water separators
7. Muck cookers
8. Stills
9. Exhaust dampers
10. Diverter valves
11. Cartridge filter housings

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	GIL	12-1-2000	NONE				
2.	GIL	1-1-2001	NONE				
3.	GIL	2-1-2001	DOOR (MAIN) GASKET STILL DOOR GASKET	FRONT DOOR STILL DOOR	FEB-22 FEB-22	FEB-27 FEB-27	FEB-27 FEB-27
4.	GIL	3-1-2001	NONE				
5.	GIL	4-1-2001	NONE				
6.	GIL	5-1-2001	NONE				
7.	GIL	6-1-2001	NONE				
8.	GIL	7-1-2001	NONE				
9.	GIL	8-1-2001	NONE				
10.	GIL	9-1-2001	NONE				
11.	GIL	10-1-2001	NONE				
12.						RE	

PERCHLOROETHYLENE DRY CLEANER

13-2

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

*The following components must be checked for PERCEPTIBLE leaks every week.
(every other week for Small Area Sources)*

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|---------------------------------|-------------------------------|
| 1. Hose and pipe connections | 6. Water separators |
| Fitting, couplings, and valves | 7. Muck cookers |
| 2. Door gaskets/seatings | 8. Stills |
| 3. Filter gaskets/seatings | 9. Exhaust dampers |
| 4. Pumps | 10. Diverter valves |
| 5. Solvent tanks and containers | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	GIL	12-1-99	NONE				
2.	GIL	1-1-2000	NONE				
3.	GIL	2-1-2000	NONE				
4.	S.K.	3-1-2000	NONE				
5.	GIL	4-1-2000	NONE				
6.	GIL	5-1-2000	NONE				
7.	GIL	6-1-2000	NONE				
8.	GIL	7-1-2000	NONE				
9.	GIL	8-1-2000	NONE				
10.	GIL	9-1-2000	NONE				
11.	GIL	10-1-2000	NONE				
12.	GIL	11-1-2000	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-3

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

The following components must be checked for **PERCEPTIBLE** leaks every week.
(every other week for Small Area Sources)

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

1. Hose and pipe connections
Fitting, couplings, and valves
2. Door gaskets/seatings
3. Filter gaskets/seatings
4. Pumps
5. Solvent tanks and containers

6. Water separators
7. Muck cookers
8. Stills
9. Exhaust dampers
10. Diverter valves
11. Cartridge filter housings

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	S.K.	2-20-99	NONE				
2.	S.K.	3-6-99	NONE				
3.	S.K.	3-20-99	NONE				
4.	S.K.	4-3-99	NONE				
5.	S.K.	4-17-99	NONE				
6.	S.K.	5-1-99	NONE				
7.	S.K.	6-1-99	INSTALL - CARE FILL.				
8.	S.K.	7-1-99	NONE				
9.	S.K.	8-1-99	NONE				
10.	S.K.	9-1-99	NONE				
11.	S.K.	10-1-99	NONE				
12.	S.K.	11-1-99	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-4

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

The following components must be checked for **PERCEPTIBLE** leaks every week.
(every other week for Small Area Sources)

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

1. Hose and pipe connections
Fitting, couplings, and valves
2. Door gaskets/seatings
3. Filter gaskets/seatings
4. Pumps
5. Solvent tanks and containers

6. Water separators
7. Muck cookers
8. Stills
9. Exhaust dampers
10. Diverter valves
11. Cartridge filter housings

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	GIL	8-29-98	NONE				
2.	GIL	9-12-98	NONE				
3.	GIL	9-26-98	NONE				
4.	GIL	10-10-98	NONE				
5.	GIL	10-20-98	HIGH TEMP. 52 F	R.E.F COIL. CHANGED	6-98	11-6-98	11-6-98
6.	GIL	10-14-98	NONE				
7.	GIL	11-20-98	NONE				
8.	GIL	12-12-98	NONE				
9.	GIL	12-26-98	NONE				
10.	GIL	1-9-99	NONE				
11.	GIL	1-23-99	NONE				
12.	GIL	2-6-99	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-5

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

The following components must be checked for **PERCEPTIBLE** leaks every week.
(every other week for Small Area Sources)

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|---------------------------------|-------------------------------|
| 1. Hose and pipe connections | 6. Water separators |
| Fitting, couplings, and valves | 7. Muck cookers |
| 2. Door gaskets/seatings | 8. Stills |
| 3. Filter gaskets/seatings | 9. Exhaust dampers |
| 4. Pumps | 10. Diverter valves |
| 5. Solvent tanks and containers | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	3-16-98	NONE				
2.	Y.H.K	3-30-98	NONE				
3.	Y.H.K	4-13-98	NONE				
4.	Y.H.K	4-27-98	NONE				
5.	S.K	5-9-98	NONE				
6.	S.K	5-23-98	NONE				
7.	S.K	6-6-98	NONE				
8.	S.K	6-20-98	NONE				
9.	S.K	7-3-98	NONE				
10.	S.K	7-18-98	NONE				
11.	S.K	8-1-98	NONE				
12.	S.K	8-15-98	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-6

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

*The following components must be checked for PERCEPTIBLE leaks every week.
(every other week for Small Area Sources).*

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|---------------------------------|-------------------------------|
| 1. Hose and pipe connections | 6. Water separators |
| Fitting, couplings, and valves | 7. Muck cookers |
| 2. Door gaskets/seatings | 8. Stills |
| 3. Filter gaskets/seatings | 9. Exhaust dampers |
| 4. Pumps | 10. Diverter valves |
| 5. Solvent tanks and containers | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	7-22-97	NONE				
2.	Y.H.K	10-6-97	NONE				
3.	Y.H.K	10-20-97	NONE				
4.	Y.H.K	11-3-97	NONE				
5.	Y.A.K	11-17-97	NONE				
6.	Y.H.K	12-1-97	NONE				
7.	Y.H.K	12-15-97	NONE				
8.	Y.H.K	12-27-97	NONE				
9.	Y.A.K	1-2-98	NONE				
10.	Y.H.K	1-26-98	NONE				
11.	Y.H.K	2-16-98	NONE				
12.	Y.H.K	3-2-98	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-7

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

*The following components must be checked for PERCEPTIBLE leaks every week.
(every other week for Small Area Sources)*

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|---------------------------------|-------------------------------|
| 1. Hose and pipe connections | 6. Water separators |
| Fitting, couplings, and valves | 7. Muck cookers |
| 2. Door gaskets/seatings | 8. Stills |
| 3. Filter gaskets/seatings | 9. Exhaust dampers |
| 4. Pumps | 10. Diverter valves |
| 5. Solvent tanks and containers | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	4-7-97	NONE				
2.	Y.H.K	4-24-97	NONE				
3.	Y.H.K	5-08-97	NONE				
4.	Y.H.K	5-11-97	NONE				
5.	Y.H.K	6-2-97	NONE				
6.	Y.H.K	6-16-97	NONE				
7.	Y.H.K	6-30-97	NONE				
8.	Y.H.K	7-14-97	NONE				
9.	Y.H.K	7-22-97	NONE				
10.	Y.H.K	8-11-97	NONE				
11.	Y.H.K	8-28-97	NONE				
12.	Y.H.K	9-8-97	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-8

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

*The following components must be checked for PERCEPTIBLE leaks every week.
(every other week for Small Area Sources)*

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|---------------------------------|-------------------------------|
| 1. Hose and pipe connections | 6. Water separators |
| Fitting, couplings, and valves | 7. Muck cookers |
| 2. Door gaskets/seatings | 8. Stills |
| 3. Filter gaskets/seatings | 9. Exhaust dampers |
| 4. Pumps | 10. Diverter valves |
| 5. Solvent tanks and containers | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	10-21-96	NONE				
2.	Y.H.K	11-4-96	NONE				
3.	Y.H.K	11-18-96	NONE				
4.	Y.H.K	12-2-96	Fitting	Filter	12-2-96	12-2-96	12-2-96
5.	Y.H.K	12-16-96	NONE				
6.	Y.H.K	12-30-96	NONE				
7.	Y.H.K	1-13-97	NONE				
8.	Y.H.K	1-27-97	NONE				
9.	Y.H.K	2-10-97	NONE				
10.	Y.H.K	2-24-97	NONE				
11.	Y.H.K	3-10-97	NONE				
12.	Y.H.K	3-24-97	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-9

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

The following components must be checked for **PERCEPTIBLE** leaks every week.
(every other week for Small Area Sources)

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|---------------------------------|-------------------------------|
| 1. Hose and pipe connections | 6. Water separators |
| Fitting, couplings, and valves | 7. Muck cookers |
| 2. Door gaskets/seatings | 8. Stills |
| 3. Filter gaskets/seatings | 9. Exhaust dampers |
| 4. Pumps | 10. Diverter valves |
| 5. Solvent tanks and containers | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y. H. K	5-6-96	NONE				
2.	Y. H. K	5-20-96	NONE				
3.	Y. H. K	6-3-96	NONE				
4.	Y. H. K	6-17-96	NONE				
5.	Y. H. K	7-1-96	NONE				
6.	Y. H. K	7-15-96	NONE				
7.	Y. H. K	7-29-96	NONE				
8.	Y. H. K	8-12-96	NONE				
9.	Y. H. K	8-26-96	NONE				
10.	Y. H. K	9-9-96	NONE				
11.	Y. H. K	9-23-96	NONE				
12.	Y. H. K	10-7-96	Hose	Drying	Fixed		

PERCHLOROETHYLENE DRY CLEANER

EQUIPMENT INSPECTION AND REPAIR LOG

13-10

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

*The following components must be checked for PERCEPTIBLE leaks every week.
(every other week for Small Area Sources)*

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Hose and pipe connections
Fitting, couplings, and valves 2. Door gaskets/seatings 3. Filter gaskets/seatings 4. Pumps 5. Solvent tanks and containers | <ol style="list-style-type: none"> 6. Water separators 7. Muck cookers 8. Stills 9. Exhaust dampers 10. Diverter valves 11. Cartridge filter housings |
|--|---|

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	1-20-95	NONE				
2.	Y.H.K	12-4-95	NONE				
3.	Y.H.K	12-12-95	NONE				
4.	Y.H.K	1-2-96	NONE				
5.	Y.H.K	1-15-96	NONE				
6.	Y.H.K	1-29-96	NONE				
7.	Y.H.K	2-12-96	NONE				
8.	Y.H.K	2-26-96	NONE				
9.	Y.H.K	3-11-96	NONE				
10.	Y.H.K	3-25-96	NONE				
11.	Y.H.K	4-8-96	NONE				
12.	Y.H.K	4-22-96	NONE				

PERCHLOROETHYLENE DRY CLEANER

13-11

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

*The following components must be checked for PERCEPTIBLE leaks every week.
(every other week for Small Area Sources)*

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|---------------------------------|-------------------------------|
| 1. Hose and pipe connections | 6. Water separators |
| Fitting, couplings, and valves | 7. Muck cookers |
| 2. Door gaskets/seatings | 8. Stills |
| 3. Filter gaskets/seatings | 9. Exhaust dampers |
| 4. Pumps | 10. Diverter valves |
| 5. Solvent tanks and containers | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	6-8-95	NONE				
2.	Y.H.K	6-19-95	NONE				
3.	Y.H.K	7-3-95	NONE				
4.	Y.H.K	7-17-95	NONE				
5.	Y.H.K	7-31-95	NONE				
6.	Y.H.K	8-14-95	Filter	hose	fixed		
7.	Y.H.K	8-28-95	NONE				
8.	Y.H.K	9-11-95	NONE				
9.	Y.H.K	9-25-95	NONE				
10.	Y.H.K	10-9-95	NONE				
11.	Y.H.K	10-23-95	NONE				
12.	Y.H.K	11-6-95	Filter	hose	fixed		

PERCHLOROETHYLENE DRY CLEANER

13-12

EQUIPMENT INSPECTION AND REPAIR LOG

This log provides room for three months of entries (six months for Small Area Sources). The first three columns must be completed even if no leaks are found. This sheet should be duplicated before use to provide for future logs.

The following components must be checked for **PERCEPTIBLE** leaks every week.
(every other week for Small Area Sources)

Perceptible leaks are ones that are detectable by odor, visual observation such as pools or drops, and touch when passing fingers over equipment.

- | | |
|--|-------------------------------|
| 1. Hose and pipe connections
Fitting, couplings, and valves | 6. Water separators |
| 2. Door gaskets/seatings | 7. Muck cookers |
| 3. Filter gaskets/seatings | 8. Stills |
| 4. Pumps | 9. Exhaust dampers |
| 5. Solvent tanks and containers | 10. Diverter valves |
| | 11. Cartridge filter housings |

	NAME OR INITIALS (optional)	INSPECT DATE (weekly or biweekly)	LEAKY COMPONENT(S) NAME (write "NONE" if no leaks are found)	LEAKY COMPONENT(S) LOCATION	PART ORDER DATE	PART REC'T DATE	REPAIR DATE
1.	Y.H.K	12-13-94	NONE				
2.	Y.H.K	12-27-94	NONE				
3.	Y.H.K	1-9-95	NONE				
4.	Y.H.K	1-23-95	NONE				
5.	Y.H.K	2-6-95	NONE				
6.	Y.H.K	2-20-95	NONE				
7.	Y.H.K	3-13-95	Door Gasket		closed	tightly	3-13-95
8.	Y.H.K	3-27-95	NONE				
9.	Y.H.K	4-10-95	NONE				
10.	Y.H.K	4-24-95	NONE				
11.	Y.H.K	5-8-95	Filter	large Gasket	fixed		5-8-95
12.	Y.H.K	5-22-95	NONE				

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP. °C or °F			TEMP. °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1†	TEMP2‡
1.	6-16-2001				45
2.	6-30-2001				45
3.	7-14-2001				45
4.	7-20-2001				46
5.	8-11-2001				45
6.	8-25-2001				45
7.	9-8-2001				44
8.	9-22-2001				44
9.	10-6-2001				45
10.	10-20-2001				45
11.					
12.					
13.					
14.					
15.					
16.					
18.					
19.					
20.					

* See back page for monitoring instructions.

† TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

‡ TEMP2 must be equal to or less than 45°F.

7E

C 13 11 11

E

PERCHLOROETHYLENE (PERC) DRY CLEANER

1A-2

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP. °C or °F			TEMP. °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1†	TEMP2‡
1.	9-30-2000				45
2.	10-14-000				45
3.	10-28-2000				45
4.	11-11-2000				44
5.	11-25-2000				45
6.	12-9-2000				45
7.	12-23-2000				44
8.	1-6-2001				45
9.	1-20-2001				44
10.	2-3-2001				45
11.	2-17-2001				46
12.	3-3-2001				45
13.	3-17-2001				45
14.	3-31-2001				45
15.	4-7-2001				44
16.	4-21-2001				45
18.	5-5-2001				44
19.	5-19-2001				45
20.	6-2-2001				44

* See back page for monitoring instructions.

† TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

‡ TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

14-3

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP, °C or °F			TEMP, °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1†	TEMP2‡
1.	1-7-2000				45
2.	1-22-2000				45
3.	2-5-2000				45
4.	2-19-2000				44
5.	3-5-2000				45
6.	3-18-2000				46
7.	4-1-2000				45
8.	4-15-2000				46
9.	4-29-2000				45
10.	5-13-2000				45
11.	5-27-2000				45
12.	6-10-2000				46
13.	6-24-2000				45
14.	7-8-2000				45
15.	7-22-2000				46
16.	8-5-2000				45
18.	8-19-2000				45
19.	9-2-2000				45
20.	9-16-2000				45

* See back page for monitoring instructions.

† TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

‡ TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP, °C or °F			TEMP, °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1†	TEMP2‡
1.	4-17-99				45
2.	5-1-99				45
3.	5-15-99				44
4.	5-29-99				44
5.	6-12-99				46
6.	6-26-99				45
7.	7-10-99				45
8.	7-24-99				44
9.	8-7-99				44
10.	8-21-99				44
11.	9-4-99				45
12.	9-18-99				44
13.	10-2-99				45
14.	10-16-99				45
15.	10-30-99				44
16.	11-13-99				45
18.	11-27-99				44
19.	12-11-99				45
20.	12-24-99				45

* See back page for monitoring instructions.

TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

10-5

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP, °C or °F			TEMP, °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1†	TEMP2‡
1.	7-18-98			27	44
2.	8-1-98			26	46
3.	8-15-98			27	45
4.	8-29-98			27	44
5.	9-12-98			26	45
6.	9-26-98				46
7.	10-10-98				45
8.	10-24-98				52
9.	11-14-98				46
10.	11-28-98				44
11.	12-12-98				46
12.	12-26-98				45
13.	1-9-99				45
14.	1-23-99				44
15.	2-6-99				44
16.	2-20-99				45
18.	3-6-99				45
19.	3-20-99				44
20.	4-3-99				46

* See back page for monitoring instructions.

† TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F

‡ TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

14

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP, °C or °F			TEMP, °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1†	TEMP2‡
1.	11-17-97			28	45
2.	12-1-97			27	45
3.	12-15-97			27	45
4.	12-29-97			28	44
5.	1-12-98			27	45
6.	1-26-98			28	45
7.	2-2-98			27	45
8.	2-16-98			28	45
9.	2-23-98			28	45
10.	3-2-98			27	45
11.	3-16-98			28	45
12.	3-30-98			25	43
13.	4-13-98			27	44
14.	4-27-98			26	45
15.	5-9-98			26	45
16.	5-23-98			25	43
18.	6-6-98			28	44
19.	6-20-98			27	44
20.	7-4-98			25	45

* See back page for monitoring instructions.

† TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

‡ TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

14-7

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

	TEST DATE	FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP, °C or °F			TEMP, °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1 [†]	TEMP2 [‡]
1.	2-24-97			27	45
2.	3-10-97			27	44
3.	3-24-97			28	45
4.	4-7-97			27	45
5.	4-21-97			28	44
6.	5-8-97			27	44
7.	5-19-97			28	44
8.	5-2-97			28	44
9.	6-16-97			28	44
10.	6-30-97			27	45
11.	7-14-97			28	45
12.	7-24-97			44	45
13.	8-11-97			28	45
14.	8-28-97			28	44
15.	9-8-97			27	44
16.	9-22-97			28	45
18.	10-6-97			27	44
19.	10-20-97			28	45
20.	11-3-97			27	45

* See back page for monitoring instructions.

[†] TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

[‡] TEMP2 must be equal to or less than 45°F.

14-6

PERCHLOROETHYLENE (PERC) DRY CLEANER

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP. °C or °F			TEMP. °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1†	TEMP2‡
1.	9-11-95			27	45
2.	9-25-95			28	45
3.	10-9-95			27	45
4.	10-23-95			27	44
5.	11-6-95			28	44
6.	11-20-95			27	45
7.	12-4-95			27	44
8.	12-18-95			28	45
9.	1-2-96			26	45
10.	1-15-96			28	45
11.	1-29-96			27	44
12.	2-12-96			27	45
13.	2-26-96			28	44
14.	3-11-96			27	44
15.	3-25-96			27	45
16.	4-8-96			27	45
18.	4-22-96			28	44
19.	5-6-96			28	45
20.	5-20-96			29	45

* See back page for monitoring instructions.

† TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.

‡ TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP, °C or °F			TEMP, °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1 [†]	TEMP2 [‡]
1.	6-3-96			27	44
2.	6-17-96			27	44
3.	7-1-96			28	45
4.	7-15-96			27	44
5.	7-29-96			28	45
6.	8-12-96			28	44
7.	8-26-96			27	45
8.	9-9-96			27	45
9.	9-23-96			28	44
10.	10-7-96			28	45
11.	10-21-96			28	45
12.	11-4-96			27	45
13.	11-18-96			28	44
14.	12-2-96			27	45
15.	12-16-96			27	44
16.	12-30-96			28	44
18.	1-13-96			27	44
19.	1-27-96			27	45
20.	2-10-96			27	45

* See back page for monitoring instructions.

† TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F

‡ TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

14-10

MONITORING LOG FOR REFRIGERATED CONDENSER (RC)*

		FOR A TRANSFER MACHINE WASHER			FOR A DRY-TO-DRY MACHINE, DRYER, OR RECLAIMER
		TEMP, °C or °F			TEMP, °C or °F
		INLET TEMP	OUTLET TEMP	TEMP1 ¹	TEMP2 ²
1.	12-13-94			27	43
2.	12-27-94			28	44
3.	1-9-95			28	44
4.	1-23-95			29	44
5.	2-6-95			28	43
6.	2-20-95			28	44
7.	2-13-95			27	45
8.	3-27-95			28	45
9.	4-12-95			28	44
10.	4-24-95			29	45
11.	5-8-95			28	44
12.	6-22-95			29	45
13.	6-5-95			28	44
14.	6-19-95			28	45
15.	7-3-95			28	44
16.	7-17-95			28	44
18.	7-31-95			29	44
19.	8-14-95			29	45
20.	8-28-95			28	45

* See back page for monitoring instructions.

¹ TEMP1 = INLET TEMP - OUTLET TEMP. TEMP1 must be equal to or greater than 20°F.² TEMP2 must be equal to or less than 45°F.

PERCHLOROETHYLENE (PERC) DRY CLEANER

PERC PURCHASE LOG

FOR FIRST 12 MONTHS OF RECORDKEEPING*

PLEASE NOTE THE FOLLOWING

1. DATE OF ENTRY should be the first WORKING day of every month.
2. AMOUNT PURCHASED is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, enter zero gallons as the amount purchased for that month.
3. 12-MONTH TOTAL FROM TO is the period of 12 months preceding the current month.
4. 12-MONTH TOTAL is the sum of the volume of all perc purchases made in each of the previous 12 months.
5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM <u> </u> TO <u> </u>	12-MONTH TOTAL (gallons)
1.					
2.					
3.					
4.					
5.					
6.	Jun.	7/1/98	0		
7.	Jul	8/1	15		
8.	Aug	9/1	10		
9.	Sep	10/1	10	N A	N A
10.	Oct	11/1	5		
11.	Nov	12/1	10		
12.	Dec	1/1/99	0	✓	✓

* See back page for sample entries.

PERCHLOROETHYLENE (PERC) DRY CLEANER

PERC PURCHASE LOG

FOR AFTER FIRST 12 MONTHS OF RECORDKEEPING*

PLEASE NOTE THE FOLLOWING

1. DATE OF ENTRY should be the first WORKING day of every month.
2. AMOUNT PURCHASED is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, enter zero gallons as the amount purchased for that month.
3. 12-MONTH TOTAL FROM / TO / is the period of 12 months preceding the current month.
4. 12-MONTH TOTAL is the sum of the volume of all perc purchases made in each of the previous 12 months.
5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM <u> </u> / <u> </u> TO <u> </u> / <u> </u>	12-MONTH TOTAL (gallons)
1.	Jan. 99	2/1/99	10		
2.	Feb	3/1	0	N/A	N/A
3.	Mar	4/1	10		
4.	Apr	5/1	10	↓	↓
5.	May	6/1	0	98/6 - 99/5	80
6.	Jun	7/1	20	98/7 - 99/6	100
7.	Jul	8/1	0	98/8 - 99/7	85
8.	Aug	9/1	0	98/9 - 99/8	75
9.	Sep	10/1	0	98/10 - 99/9	65
10.	Oct	11/1	20	98/11 - 99/10	60
11.	Nov	12/1	0	98/12 - 99/11	70
12.	Dec	1/2/00	0	99/1 - 99/12	70

* See back page for sample entries.

$$10 + 10 + 10 + 20 + 20 = 70$$

PERCHLOROETHYLENE (PERC) DRY CLEANER

PERC PURCHASE LOG

FOR AFTER FIRST 12 MONTHS OF RECORDKEEPING*

PLEASE NOTE THE FOLLOWING

1. **DATE OF ENTRY** should be the first **WORKING** day of every month.
2. **AMOUNT PURCHASED** is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, enter zero gallons as the amount purchased for that month.
3. **12-MONTH TOTAL FROM / TO /** is the period of 12 months preceding the current month.
4. **12-MONTH TOTAL** is the sum of the volume of all perc purchases made in each of the previous 12 months.
5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM <u> </u> / <u> </u> TO <u> </u> / <u> </u>	12-MONTH TOTAL (gallons)
1.	JAN - 00	2-1-00	20	99/2 - 00/1	80
2.	FEB - 00	3-1-00	0	99/3 - 00/2	80
3.	MAR - 00	4-1-00	20	99/4 - 00/3	90
4.	APR - 00	5-1-00	0	99/5 - 00/4	80
5.	MAY - 00	6-1-00	20	99/6 - 00/5	100
6.	JUNE - 00	7-1-00	20	99/7 - 00/6	100
7.	JULY - 00	8-1-00	0	99/8 - 00/7	100
8.	AUG - 00	9-1-00	0	99/9 - 00/8	100
9.	SEP - 00	10-1-00	0	99/10 - 00/9	100
10.	OCT - 00	11-1-00	0	99/11 - 00/10	80
11.	NOV - 00	12-1-00	20	99/12 - 00/11	100
12.	DEC - 00	1-1-01	0	00/1 - 00/12	100

* See back page for sample entries.

PERCHLOROETHYLENE (PERC) DRY CLEANER

PERC PURCHASE LOG

FOR AFTER FIRST 12 MONTHS OF RECORDKEEPING*

PLEASE NOTE THE FOLLOWING

1. **DATE OF ENTRY** should be the first **WORKING** day of every month.
2. **AMOUNT PURCHASED** is the sum of the volume of all perc purchases made in the prior month. If no perc purchases were made in a given month, enter zero gallons as the amount purchased for that month.
3. **12-MONTH TOTAL FROM** / / **TO** / / is the period of 12 months preceding the current month.
4. **12-MONTH TOTAL** is the sum of the volume of all perc purchases made in each of the previous 12 months.
5. If you own more than one facility, you are required to keep separate records for each facility.

	MONTH OF PURCHASE	DATE OF ENTRY	AMOUNT PURCHASED (gallons)	12-MONTH TOTAL FROM <u> </u> / <u> </u> / <u> </u> TO <u> </u> / <u> </u> / <u> </u>	12-MONTH TOTAL (gallons)
1.	JAN - 01	2-1-01	0	00/2 - 01/1	80
2.	FEB - 01	3-1-01	20	00/3 - 01/2	100
3.	MARCH - 01	4-1-01	0	00/4 - 01/3	80
4.	APRIL - 01	5-1-01	0	00/5 - 01/4	80
5.	MAY - 01	6-1-01	40	00/6 - 01/5	100
6.	JUNE - 01	7-1-01	0	00/7 - 01/6	80
7.	JULY - 01	8-1-01	0	00/8 - 01/7	80
8.					
9.					
10.					
11.					
12.					

* See back page for sample entries.

AAD Disposal



P.O. Box 58525
2306 E. 38th Street
Vernon, CA 90058
Tel: (213) 582-5900

2AE 16-1

INVOICE

Route Specialists #

Invoice Date

Manifest # 22720

3-12-97

Great Lakes Division Gary, IN (313) 949-9744

90-ONE-HOUR CLEANING

James Kwak

2265 Maple Ave

Downers Grove, IL 60515

708-851-7070

TERMS: 10% ADVANCE PAYMENT

NET 30 DAYS

SEE INVOICE

NO PAYMENT

MAILING:

One Hour Cleaning

James Kwak

2265 Maple Ave

Downers Grove, IL 60515

708-851-7070

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	1/1/97	3	NO	EO		Amount \$	

Special Instructions:

Quantity	Description	Unit Price	Amount
1	Yearly Drum Service Fee		
1	Standard Filter Cartridge	12.95	
1	Split Filter Cartridges (13 x 9 1/2")		
1	Large Filter Cartridge (13 x 12 1/4")		
1	Liquid Plastic		
1	Powder		
1	Drum Delivered (Size)		
1	Minipipe Cartridge		

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice**

No statement will be sent Thank You

TOTAL

\$



INVOICE

Invoice Date

Manifest #

1. The above information was obtained from the
 2. SOURCE OF INFORMATION: [redacted]
 3. REFERENCE: [redacted]
 4. DATE: [redacted]

Special Instructions				
Quantity	Description	Unit Price	Amount	
	Nearly Drum Battery Box	\$ _____ YR	\$ _____	
	Standard Filter Charge	\$ _____ RS	\$ _____	
	Split Filter Cartidge (13 x 9 1/2")	\$ _____ RA	\$ _____	
<u>13</u>	Low Split Charge (13 x 9 1/2")	\$ _____ AP	\$ _____	
	Liquid Motor	\$ <u>3.70</u> OR	\$ _____	<u>3.70</u>
	Fuel Tank	\$ _____ CR	\$ _____	
	Batter Belts and Sizer	\$ _____ BR	\$ _____	
	Maintenance Kit	\$ _____	\$ _____	

GENERATOR CERTIFICATION

Customer Signature: _____

“ Please pay from this invoice”

No statement will be sent Thank You

TOTAL

2



P.O. Box 58525
2306 E. 38th Street
Vernon, CA 90058
Tel: (213) 582-5900

INVOICE

16-3

Great Lakes Division Gary, IN 47191049-6704

Route Specialists #

Invoice Date

Manifest #

73595

9-2-9

Two-Drop-Hour Cleaners

James P. Cook

1000 N. 10th Ave

Indianapolis, IN 46204

317-631-1111

State Generator # 1303000-0

Permit No. 124507000

QSA No. 1100-10000

MAP PAGE

Waste Type

Waste Description

Waste Code

Waste Weight

DANGER: WASTE, IL 60110

Waste Volume

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK						Amount \$	

Special Instructions

Quantity	Description	Unit Price	Amount
	Yearly Drum Service Fee	\$ YR	\$
	Standard Filter Cartridges	\$ 175	\$
	Small Filter Cartridges (13 x 9 1/2")	\$	\$
	Large Filter Cartridges (13 x 18 1/4")	\$	\$
	Disposal Waste	\$	\$
	Disposal	\$	\$
	Waste Delivered / Size	\$	\$
	Waste Weight / Volume	\$	\$

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice **

No statement will be sent. Thank You

TOTAL

\$

AAD Disposal



2306 E. 38th St.
Vernon, CA 90058
(213) 582-5900

INVOICE

Route Specialists # *61764* Invoice Date

Manifest #

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	/ /					Amount \$	<i>102-012</i>

Special Instructions:

Quantity	Description	Unit Price	Amount
	YEARLY DRUM SERVICE FEE	\$ YR.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP	\$ GAL.	\$
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP	\$ GAL.	\$
	#5 BUCKET(S) #55 DRUM(S) BOXES	\$ EA.	\$
	MINIMUM SERVICE FEE		

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice **

No statement will be sent Thank You

TOTAL

\$

AAD Disposal



P.O. Box 58525
2306 E. 38th Street
Vernon, CA 90058
Tel: (213) 582-5900

INVOICE

16-5
50473

Great Lakes Division Gary, IN (219) 949-8781

Route Specialists #

Invoice Date

Manifest #

65751

7-27-96

TO: One-Hour Cleaners

James Kwak

2055 Maple Ave.

Downside Grove, IL 60515

TEL: (312) 752-1010

State Generator 4043000000

ACCOUNT NO. 708851

EPA NO. 1100000000

MAP PAGE

MAILING

One-Hour Cleaners

James Kwak

2055 Maple Ave.

Downside Grove, IL 60515

TEL: (312) 752-1010

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	07/27/96	1	3/2 G	RAE		Amount \$	

Special Instructions

Quantity	Description	Unit Price	Amount
1	Yearly Drum Service Fee	\$ YR	\$
1	Standard Filter Cartridges	\$ 17.91 EA	\$ 17.91
1	Spill Filter Cartridges (13 x 9 1/2")	\$ EA	\$
1	Large Filter Cartridges (13 x 18 1/4")	\$ EA	\$
1	Liquid Waste	\$ GAI	\$
1	Powder	\$ GAI	\$
1	Drum Delivered (Size)	\$ EA	\$
1	Minimum Charge Fee	\$	\$

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice **

No statement will be sent - Thank You

TOTAL

\$

AAD Disposal



P.O. Box 58525
2306 E. 38th Street
Vernon, CA 90058
Tel: (213) 582-5900

Great Lakes Division Gary, IN (219) 949-0704

One-Hour Cleaners

James Kwak

1255 Maple Ave

Downers Grove, IL 60515

708-452-1070

INVOICE

59417

Route Specialists #

Invoice Date

Manifest # 7-1-1

11-19-94

State Generator to 17030000

ACCOUNT NO. 70000000

RPA NO. 11000000

MAP PAGE

WILLING:

One Hour Cleaner

James Kwak

1255 Maple Ave

Downers Grove, IL 60515

708-452-1070

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	07/01/95	1	G R C			Amount \$	

Special Instructions

Quantity	Description	Unit Price	Amount
	Yearly Drum Service Fee	\$ YR	\$
	Standard Filter Cartridges	\$ 17.95 EA	\$
	Split Filter Cartridges (13 x 9 1/2")	\$ EA	\$
	Large Filter Cartridges (13 x 18 1/4")	\$ EA	\$
	Liquid Waste	\$ 3.50 GAI	\$
	Residue	\$ 3.50 GAI	\$
	Drum Delivered (Size)	\$ EA	\$
	Annual Service Fee	\$	\$

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature:

** Please pay from this invoice **

No statement will be sent Thank You

TOTAL

\$

AAD Disposal



P.O. Box 58525
2306 E. 38th Street
Vernon, CA 90058
Tel: (213) 582-5900

INVOICE

16-7
50581

Great Lakes Division Gary, IN (719) 949-8704

Route Specialists #

Invoice Date

Manifest #

4-2-01

TO: One-Hour Cleaners

James Kwak

2055 Maple Ave

Downers Grove, IL 60515

708 379 0070

TO: One-Hour Cleaners

James Kwak

2055 Maple Ave

Downers Grove, IL 60515

TO: One-Hour Cleaners

James Kwak

2055 Maple Ave

Downers Grove, IL 60515

NOTE:

One-Hour Cleaners

James Kwak

2055 Maple Ave

Downers Grove, IL 60515

708 379 0070

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	4/2/01	9	0	0		Amount \$	

Special Instructions:

Quantity	Description	Unit Price	Amount
	Yearly Drum Service Fee	\$	VR
	Standard Filter Cartridges	\$	RA
	Split Filter Cartridges (13 x 9 1/2")	\$	RA
	Large Filter Cartridges (13 x 18 1/2")	\$	RA
	Liquid Waste	\$	RA
	Residue	\$	RA
	Drum Delivered (Size)	\$	RA
	Minimum Service Fee	\$	

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature:

** Please pay from this invoice **

No statement will be sent. Thank You

TOTAL

\$

INVOICE

Invoice Date

S. 29-96

Invoice #

Amount

:

Amount

2 3 4 5 6 7 8 9 10 11 12

Customer Signature: _____

.. Please pay from this invoice..

No statement will be sent Thank You

TOTAL

\$

AAD Disposal

Great Lakes Division

16-9



2306 E. 38th St.
Vernon, CA 90058
(213) 582-5900
Gary, IN (219) 949-0704

INVOICE

44726

Route Specialists #

Invoice Date

Manifest #

To: One-Hour Cleaners

James Kwak
2265 Maple Ave.
Downers Grove, IL 60515
708-957-7776

State of Illinois
ACCOUNT NO.
EPA ID
MAP PAGE

MAILING:

One-Hour Cleaners
James Kwak
2265 Maple Ave.
Downers Grove, IL 60515
708-957-7776

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK						Amount \$	

Special Instructions:

Quantity	Description	Unit Price	Amount
	YEARLY DRUM SERVICE FEE	\$ YR.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP	\$ GAL.	\$
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP	\$ GAL.	\$
	#5 BUCKET(S) #55 DRUM(S) BOXES	\$ EA.	\$
	MINIMUM SERVICE FEE		

PAID

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice **
No statement will be sent Thank You

TOTAL

\$

AAD Disposal



2306 E. 38th St.
Vernon, CA 90058
(213) 582-5900

INVOICE

Route Specialists # *67764* Invoice Date

Manifest #

16-16

*Chlorine Service
Drum Service
12/10/85
12/10/85
12/10/85
12/10/85*

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	1/1					Amount \$	190340

Special Instructions:

Quantity	Description	Unit Price	Amount
	YEARLY DRUM SERVICE FEE	\$ 10.00 YR.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP	\$ GAL.	\$
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP	\$ GAL.	\$
	#5 BUCKET(S) #55 DRUM(S) BOXES	\$ 25.00 EA.	\$
	MINIMUM SERVICE FEE		

25.00

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning tetrachloroethylene waste.

Customer Signature: _____

** Please pay from this invoice**

No statement will be sent Thank You

TOTAL

\$

AAD Disposal



P.O. Box 58525
2306 E. 38th Street
Vernon, CA 90058
Tel: (213) 582-5900

INVOICE

16-11

Route Specialists #

Invoice Date

Manifest # 111324

11-7-90

First Name: [blank] Last Name: [blank] Tel: [blank]

Company Name: [blank]

Address: [blank]

City: [blank]

State: [blank]

Zip: [blank]

Phone: [blank]

Fax: [blank]

Telex: [blank]

Internet: [blank]

Business Hours: [blank]

Outside Hours: [blank]

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	11/7/90	1	1			Amount \$	

Special Instructions:

Quantity	Description	Unit Price	Amount
1	Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.	17.95	10.72
1		3.25	3.25
GENERATOR CERTIFICATION Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.			
Customer Signature: _____			
** Please pay from this invoice **			
No statement will be sent. Thank You.			
TOTAL			\$

AAD Disposal

Great Lakes Division



2306 E. 38th St.
Vernon, CA 90058
(213) 582-5900
Gary, IN (219) 949-0704

INVOICE

35508

16-12

To: One-Hour Cleaners

James Kwak

7777 21st Street

Downers Grove, IL 60515

TEL: 850-7400

Route Specialists #

Invoice Date

Manifest #

Client - Generator

ADDRESS

RPA NO

MAP PAGE

MAILING:

One Hour Cleaners

James Kwak

7777 21st Street

Downers Grove, IL 60515

TEL: 850-7400

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK						Amount \$	

Special Instructions

Quantity	Description	Unit Price	Amount
	YEARLY DRUM SERVICE FEE	\$ YR.	\$
R S J	WASTE FILTER CARTRIDGE(S) PICKED UP	\$ 172 EA.	\$
R S J	WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP	\$ GAL.	\$
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP	\$ GAL.	\$
#5 BUCKET(S)	#55 DRUM(S)	\$ EA.	\$
	MINIMUM SERVICE FEE		

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice **

No statement will be sent. Thank You

TOTAL

\$

AAD Disposal

Great Lakes Division



2306 E. 38th St.
Vernon, CA 90058
(213) 582-5900
Calif., IN (219) 949-0704

INVOICE

16-17
33477

TO: One-Hour Cleaners
Pong Pak
21 W. 265 Maple Ave.
Downers Grove, IL 60515
708-852-7570

Route Specialists # 6005 Invoice Date 4-6-93
Manifest # 213
State Generator # 0430300015
ACCOUNT NO. 7088527570
EPA NO. ILD984832826
MAP PAGE MAP-1, 3 DU PG
PAGE-28

MAILING:

One-Hour Cleaners
Pong Pak
21 W. 265 Maple Ave.
Downers Grove, IL 60515
708-852-7570

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	1/22/93	8-WK	G R			Amount \$	334

Special Instructions: # 200

Quantity	Description	Unit Price	Amount
	YEARLY DRUM SERVICE FEE	\$ YR.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP	\$ GAL.	\$
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP	\$ GAL.	\$
	#5 BUCKET(S) #55 DRUM(S) BOXES	\$ EA.	\$
	MINIMUM SERVICE FEE		

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice **
No statement will be sent. Thank You

TOTAL \$

AAD Disposal

Great Lakes Division

16-14



2306 E. 38th St.
Vernon, CA 90058
(213) 582-5900
daily, IN (219) 949-0704

INVOICE #

33477

To: One-Hour Cleaners
Pong Pak
21 W. 255 Maple Ave.
Downers Grove, IL 60515
708-952-7670

Route Specialists # 67-5 Invoice Date

Manifest # 2158
State Generator #043030029
ACCOUNT NO. 7088527670
EPA NO. ILD984832626
MAP PAGE MAP-1, 9 DU F3
PAGE-18

MAILING:

One-Hour Cleaners
Pong Pak
21 W. 255 Maple Ave.
Downers Grove, IL 60515
708-952-7670

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	12/22/93	8-WK	G R			Amount \$	33477

Special Instructions: # 200

Quantity	Description	Unit Price	Amount
	YEARLY DRUM SERVICE FEE	\$ YR.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ EA.	\$
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP	\$ GAL.	\$
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP	\$ GAL.	\$
	#5 BUCKET(S) #55 DRUM(S) BOXES	\$ EA.	\$
	MINIMUM SERVICE FEE		

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene Waste.

Customer Signature: _____

** Please pay from this invoice **
No statement will be sent. Thank You

TOTAL \$

AAD Disposal



2306 E. 38th St.
Vernon, CA 90058
(213) 582-5900

INVOICE

Route Specialists # LA 103

Invoice Date

Manifest # 100000

16-15

Shipped Via	Last Pickup	Service Cycle	Loading	Terms	Payment	Paid by Check # Paid by Cash	Invoice #
AAD TRUCK	<u>1/20/87</u>	<u>1/20/87</u>	<u>1/20/87</u>	<u>1/20/87</u>		Amount \$ <u>143.20</u>	

Special Instructions

Quantity	Description	Unit Price	Amount
<u>4</u>	YEARLY DRUM SERVICE FEE	\$ 19.95 YR.	\$ 77.20
<u>11</u>	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ 3.45 EA.	\$ 63.20
	R S J WASTE FILTER CARTRIDGE(S) PICKED UP	\$ 3.45 EA.	\$ 63.20
	GALLON(S) OF WASTE LIQUID STILL RESIDUE PICKED UP	\$ GAL.	\$
	GALLON(S) OF WASTE POWDER RESIDUE PICKED UP	\$ GAL.	\$
	#5 BUCKET(S) #55 DRUM(S) BOXES	\$ EA.	\$
	MINIMUM SERVICE FEE		<u>143.20</u>

GENERATOR CERTIFICATION

Generator certifies that waste described on attached manifest is Waste Tetrachloroethylene generated by dry-cleaning operation and it has been packaged in accordance with transporter's specification. This also certifies that all ownership of above described materials are transferred to transporter for the purpose of recycling, incineration, disposal or other purpose deemed appropriate. Generator understands that all accounts are on C.O.D. basis. If no one is available to make payment at the time of service, generator will make full payment within 10 days of the date of service. No statements will be sent. Generator hereby asks AAD to mail the generator a monthly reminder notice on all unpaid invoices. The charge for this additional service is \$3.00 per reminder notice per month per invoice. Generator agrees to pay AAD 1.75% interest per month on all past due invoices. In the event of default the generator also agrees to pay AAD any and all costs including collection costs, court cost and attorney fees. AAD certifies it is permitted by appropriate governmental agencies to accept your dry cleaning Tetrachloroethylene waste.

Customer Signature: _____

** Please pay from this invoice **

No statement will be sent Thank You

TOTAL

\$

In accordance with Title 40, Code of Federal Regulations section 262.20 (c) and part 263, sub-part 6, section 263.02 "The manifest system", sub. section (h). A transporter transporting hazardous waste need not comply with requirements of this section or those of 263.22 provided that:

(1) The waste is from a generator who generates greater than 100 kg. (220 LBS) but less than 1000 kg. (2200 LBS) of hazardous waste in agreement as provided for in section 262.20 (e).

(2) The waste is from a generator that generates less than 100 kg. (220 LBS) of hazardous waste in a calendar month. All generators who generate more than 1000 kg. of waste in a calendar month need to use a manifest to ship their hazardous waste.

GENERATOR CERTIFICATION

I am a generator of dry cleaning waste and I generate the following in one calendar month:

(27)

4 X Standard Cartridge = 4 X 30 pounds = 120 pounds

 X Split Cartridge = X 35 pounds = pounds

 X Drum Cartridge = X 55 pounds = pounds

 X Still Oil = X 10 pounds = pounds

 X Powder = X 10 pounds = pounds

TOTAL = 120 pounds

Therefore:

(X) I am using I shipping my waste on manifest = 96722780

~~()~~ I generate more than 100 kg. (220 LBS) of hazardous waste per month. (Section 3 does not apply)

() I generate more than 100 kg. (220 LBS) but less than 1000 kg. (2200 LBS) of hazardous waste per month and my waste is being transported pursuant to a recirculation agreement with AAO Disposal.

() I generate more than 100 kg. (2200 LBS) of hazardous waste and I am shipping my waste on manifest =

Section 4

1990 BAW NOTIFICATIONS

In accordance with the requirements of 40 CFR title 22, Chapter 33, the generator is notifying AAO Distribution & Dry Cleaning Services, Inc., that persons is the generator of California 011-051 or 011 code waste which is a restricted waste that will have to be treated to meet the applicable treatment standards set forth in 40 CFR title 22, Chapter 33, Article 33, Subpart 33.1. The treatment standard for Technically Category 1 is 2.05 mg/l.

Part 1: The waste has been tested and found to be less than 2.05 mg/l. The waste is being shipped on manifest to AAO Distribution & Dry Cleaning Services, Inc. and may be used by the EPA Hazardous Waste Group 1990-1991. The waste is being shipped to the land disposal unit of 40 CFR part 261. In accordance with 40 CFR part 261.11, the generator is providing notice to AAO Distribution & Dry Cleaning Services, Inc. that the waste is a non-hazardous waste and will not meet the treatment standards specified in 40 CFR part 268, subpart 6 or may not meet the treatment standards specified in 40 CFR part 268, subpart 6. These wastes do not contain any benzene. The underlined constituents and their treatment standards for this waste is as follows:

Constituent	Treatment Standard, mg/l.
Benzene	2.05
Chloroform	2.05

AUTHORIZED SIGNATURE

John J. Kelly
Signature

John J. Kelly
Signature

Date: 10-1-87

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

ONE-HOUR CLEANERS

21 N. 265 Maple Ave. Downers Grove, IL 60515

4. Generator's Phone (900) 662-1230

5. Transporter 1 Company Name

6. US EPA ID Number

ERT DISPOSAL CO.

7. US EPA ID Number

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total

14. Unit

15. Waste Number

16. Generator's Certification: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.

17. Transporter 1 Acknowledgement of Receipt of Materials

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Signature

Month

Day

Year

19. Discrepancy Indication Space

GENERATOR

1. Additional Descriptions for Materials Listed Above
11-a Solids, 11-b Liquids

2. Handling Codes for Wastes Listed Above
a. 1/14 b. 1/14

3. Special Handling Instructions and Additional Information

Emergency Contact: (219)949-0704 (219)582-5900 (310)940-202

6/8/95

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month

Day

Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Signature

Month

Day

Year

19. Discrepancy Indication Space

RECEIVED

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19

Signature

Month

Day

Year

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt./Vol

1. Waste Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law

of 1 1

3. Generator's Name and Mailing Address

CVE TOWNSHIP

4. Generator's Phone

A. State Manifest Document Number

93712737

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

219-949-0704

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

AND DISTRIBUTION & DRY CLEANING SERVICES INC
2305 E 3

G. State Facility's ID

CAD9813974171

H. Facility's Phone

213-592-5900

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

I. Waste Number

a. NO WASTE TETRACHLOROETHYLENE, 6.1, UN 1897 PGIII

No.

Type

DM

SP P

State

211

EPA/Other

FOOZ

b. NO WASTE TETRACHLOROETHYLENE, 6.1, UN 1897 PGIII

No.

Type

DM

8C

State

211

EPA/Other

FOOZ

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

E.R.M.#74 DRY CLEANING WASTE
11-A SOLIDS, 11-B LIQUIDS

K. Handling Codes for Wastes Listed Above

a.

1/14

b.

1/14

c.

d.

15. Special Handling Instructions and Additional Information

4 R. FILTERS + S-CIL

TELEPHONE NUMBERS: (219) 949-0704, (213) 592-5900, (310) 840-2024

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

0 9 1

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

0 9 1

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

Waste Management
1111 165 NADIA AVE
CHICAGO, IL 60615

4. Generator's Phone (Area) (Number)

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

A. State Manifest Document Number

95277395

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Val

I. Waste Number
State
EPA/Other

a.

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. Manifest Document No. 2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

One-Hour Cleaners
21 W. 265 Maple Ave., Downers Grove, IL 60515
4. Generator's Phone (708) 252-7670

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

Waste Management & Environmental Services, Inc.
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

A. State Manifest Document Number

333-17643

C. State Transporter's ID Number

D. Transporter's Phone

(219) 949-0704

E. State Transporter's ID Number

6157194

F. Transporter's Phone

(312) 526-2874

G. State Facility's ID

H. Facility's Phone

(312) 522-5000

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit Wt/Vol

L. Waste Number

a. 11-a Solids, 11-b Liquids

No.

Type

Quantity

Unit Wt/Vol

State

EPA/Other

b. 11-a Solids, 11-b Liquids

No.

Type

Quantity

Unit Wt/Vol

State

EPA/Other

c. 11-a Solids, 11-b Liquids

No.

Type

Quantity

Unit Wt/Vol

State

EPA/Other

d. 11-a Solids, 11-b Liquids

No.

Type

Quantity

Unit Wt/Vol

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

E.R.C. 274 Dry Cleaning Waste

K. Handling Codes for Wastes Listed Above

11-a Solids, 11-b Liquids

a. 1414

b. 1414

15. Special handling instructions and additional information

Emergency Contact: (219) 949-0704, (213) 582-5900, (310) 840-0000

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable federal, state and international laws.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name Signature Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19
Printed/Typed Name Signature Month Day Year

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

95663806

4. Generator's Phone ()

B. State Generator's ID

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total Quantity

14. Unit Wt/Vol

I. Waste Number

a.

State

EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month

Day

Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy notation space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month

Day

Year

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7550

GENERATOR
TRANSPORTER
FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

One-Hour Cleaners
255 Maple Ave. - 2nd Floor - Suite 111 - 95815

4. Generator's Phone (no.) 845-3740

5. Transporter 1 Company Name

6. US EPA ID Number

A. State Manifest Document Number

95473595

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone () 514-1111

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone () 514-1111

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

C A E 9 8 1 3 9 7 4 1 7

H. Facility's Phone () 514-1111

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste Number

a.

State 111

EPA/Other 8002

b.

State 111

EPA/Other 8002

c.

State 111

EPA/Other

d.

State 111

EPA/Other

J. Additional Descriptions for Materials Listed Above 3.2.1 774 Dry Cleaning Waste

K. Handling Codes for Wastes Listed Above

a. 1714

b. 1714

c.

d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

4. Generator's Phone ()

B. State Generator ID No.

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste Number
State EPA/Other

a.

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. b.

c. d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

4. Generator's Phone ()

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total

Quantity

14. Unit

Wt/Vol

15. Waste Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

IF A CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550.

GENERATOR
TRANSPORTER
FACILITY

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

One-Stop Cleaners

4. Generator's Phone (xxx) xxx-xxxx

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

A. State Manifest Document Number

96023751

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (xxx) xxx-xxxx

E. State Transporter's ID

F. Transporter's Phone (xxx) xxx-xxxx

G. State Facility's ID

H. Facility's Phone (xxx) xxx-xxxx

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste Number

a.

b.

c.

d.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. 1714

b. 714

c.

d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month

Day

Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month

Day

Year

DO NOT WRITE BELOW THIS LINE.

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

96267774

4. Generator's Phone ()

B. State Generator's ID

043030202211

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone (219) 946-0704

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone 508-3450

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type13. Total
Quantity14. Unit
Wt/Vol

I. Waste Number

a.

State

EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. 1/13

b. 1/13

c.

d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month

Day

Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month

Day

Year

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA, CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1	Information in the shaded areas is not required by Federal law.
		7 1 0 0 8 4 9 2 1 5 5 1 1 9 5		1 of	
3. Generator's Name and Mailing Address One Hour Cleaners 2266 Maple Ave., Downey, CA 90510				A. State Manifest Document Number 96268751	
4. Generator's Phone (area) (number) 714 261-1111				B. State Generator's ID 0430300028	
5. Transporter 1 Company Name TNT		6. US EPA ID Number 1000000000		C. State Transporter's ID 011949-0104	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (214) 949-0104	
9. Designated Facility Name and Site Address California State University, Long Beach 12500 California Blvd. Long Beach, CA 90840		10. US EPA ID Number 1000000000		E. State Transporter's ID 011949-0104	
				F. Transporter's Phone (214) 949-0104	
				G. State Facility's ID 0430300028	
				H. Facility's Phone (214) 949-0104	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol
a. 100% Ethylbenzene, UN1203		11/01 11/20			
b. 100% Ethylbenzene, UN1203		11/01 11/20			
c.					
d.					
J. Additional Descriptions for Materials Listed Above 11- Solid 11- Liquids, liquid waste 11- 10 lb/g.		K. Handling Codes for Wastes Listed Above		I. Waste Number State 211 EPA/Other F202	
		a. 1/14		b. 1/14	
		c.		d.	
15. Special Handling Instructions and Additional Information 4-11-94					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name		Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-0802. WITHIN CALIFORNIA, CALL 1-800-352-7550

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. I L D 1 2 1 4 3 1 2 1 6 2 6 5 8 6 5		Manifest Document No.		2. Page 1 1 of		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address One-Hour Cleaners 2265 Maple Ave., Downers Grove, IL 60515				A. State Manifest Document Number 96567316		B. State Generator's ID 5430300028											
4. Generator's Phone (708) 952-7670				C. State Transporter's ID		D. Transporter's Phone (219) 949-0704											
5. Transporter 1 Company Name A&D Disposal Co.				6. US EPA ID Number		E. State Transporter's ID 122-30017											
7. Transporter 2 Company Name				8. US EPA ID Number		F. Transporter's Phone 1-800-556-5852											
9. Designated Facility Name and Site Address A&D Distribution and Dry Cleaning Service, Inc. 2206 E. 38th St. Mesa, AZ 85202				10. US EPA ID Number		G. State Facility's ID 1040931397711											
						H. Facility's Phone (213) 582-5909											
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste Number							
a. RC Waste, Tetrahydrofuran, 1.1 UN1897 PGIII (DOBR)				11/ 911		114405				State 211 EPA/Other F002							
b. RC Waste, Tetrahydrofuran, 1.1 UN1897 PGIII (DOBR)				11/ 911		114405				State 211 EPA/Other F002							
c.										State EPA/Other							
d.										State EPA/Other							
J. Additional Descriptions for Materials Listed Above 11-a Solids, 11-b Liquids, Liquid waste is 10 Lb/G.				K. Handling Codes for Wastes Listed Above a. 1/14 b. 1/14 c. d.													
15. Special Handling Instructions and Additional Information Emergency Contact: (209) 3996011, (219) 949-0704, (213) 582-5900 6-11-85																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name				Signature				Month		Day Year							
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day Year							
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name				Signature				Month		Day Year							
19. Discrepancy Indication Space																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name												Signature		Month		Day Year	

DO NOT WRITE BELOW THIS LINE.

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No. Manifest Document No. 2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

One-Hour Cleaners
2265 Maple Ave., Downers Grove, IL 60515
4. Generator's Phone (708) 852-7670

5. State Manifest Document Number
9672270

5. Transporter 1 Company Name

AAD Disposal Co.

6. US EPA ID Number

IND 9 8 4 3 6 9 7 1 9

C. State Transporter's ID

D. Transporter's Phone (219) 949-0704

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone (800) 333-3852

9. Designated Facility Name and Site Address

AAD Distributions & Dry Cleaning Service, Inc.
2306 N. 38th St.
Morton, IL 60552

10. US EPA ID Number

ILAD 9 8 1 3 9 7 4 1 7

G. State Facility's ID

H. Facility's Phone (213) 582-5000

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste Number
State EPA/Other

a. RC Waste, Tetrachloroethylene, 6.1, UN1897
PGIII (R039)

1 1 1 DM 1 1 1 DP

State 211
EPA/Other F002

b. RC Waste, Tetrachloroethylene, 6.1, UN1897
PGIII (R039)

1 1 1 DM 1 1 1 G

State 211
EPA/Other F002

d.

State
EPA/Other

J. Additional Descriptions for Materials Listed Above E.R.G #74. Dry Cleaning Waste

11-a Solids, 11-b Liquids, Liquid waste is 10 Lb/G.

K. Handling Codes for Wastes Listed Above

a. 1/14 b. 1/14

15. Special Handling Instructions and Additional Information

Emergency Contact: (800) 3996211, (219) 949-0704, (213) 582-5000

L-RES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year
7/3/91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year
7/3/91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year
7/3/91

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

Month Day Year

DO NOT WRITE BELOW THIS LINE.

96801048

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA, CALL 1-800-852-7558

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address One-Hour Cleaners 2265 Maple Ave., Downers Grove, IL 60515 4. Generator's Phone (708) 852-7670				5. State Manifest Document Number 96801048		6. State Generator's ID 04303000000000000000			
5. Transporter 1 Company Name AAD Disposal Co.				6. US EPA ID Number E N D 9 8 1 8 6 9 7 1 9		7. State Transporter's ID		8. Transporter's Phone (219) 949-0704	
7. Transporter 2 Company Name				8. US EPA ID Number		9. State Transporter's ID		10. Transporter's Phone	
9. Designated Facility Name and Site Address AAD Distributions & Dry Cleaning Service, Inc. 2306 E. 38th St. Warren, CA 94598				10. US EPA ID Number C A D 9 8 1 3 9 7 4 1 7		11. State Facility's ID		12. Facility's Phone (213) 582-5900	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
				No. Type					
a. RC Waste, Tetrachloroethylene, 6.1, UN1897 PGIII (D039)								1. Waste Number State 211 EPA/Other F002	
b. RC Waste, Tetrachloroethylene, 6.1, UN1897 PGIII (D039)								State 211 EPA/Other F002	
c.								State EPA/Other	
d.								State EPA/Other	
J. Additional Descriptions for Materials Listed Above E.R.G #74. Dry Cleaning Waste 11-a Solids 11-b Liquids Liquid waste is 10 Lb/G				K. Handling Codes for Wastes Listed Above a. 1/14 b. 1/14 c. d.					
15. Special Handling Instructions and Additional Information Emergency Contact: (800) 3996211, (219) 949-0704, (213) 582-5900									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classed, packed, marked, and labeled, and are in all respects in proper condition for transport by highway, air, or water to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name				Signature				Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
19. Discrepancy Indication Space				Printed/Typed Name				Signature	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.				Printed/Typed Name				Signature	

DO NOT WRITE BELOW THIS LINE.

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802. WITHIN CALIFORNIA, CALL 1-800-852-7350

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page

Information in the shaded areas is not required by Federal law

3. Generator's Name and Mailing Address

A. State Manifest Document Number

96716360

4. Generator's Phone

B. State Generator's ID

0000000000000000

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

(212) 940 3701

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit Wt/Vol

I. Waste Number

a.

State 011

EPA/Other 000

b.

State 011

EPA/Other 000

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

0.000 971. Dry Cleaning Waste

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

4-1255

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

I am a large quantity generator. I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR I am a small quantity generator. I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month

Day

Year

17. Transporter 1 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Month

Day

Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification or receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name

Signature

Month

Day

Year

DO NOT WRITE BELOW THIS LINE.

5-034-51

State Form LPC 62 8/81 IL532-0610

EPA Form 8700-22 (6-89)

Form Approved CMB No. 2050-0039

NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD 984832626		Manifest Document No. 90182		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAPLE PLAZA CLEANERS 2265 MAPLE AVE. DOWNERS GROVE IL 60515						A. Illinois Manifest Document Number IL 8226970			
4. Generator's Phone (708 852-7670)						B. Illinois Generator's ID 0430300028			
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 984908202		C. Illinois Transporter's ID 1123			
7. Transporter 2 Company Name				8. US EPA ID Number		D. 847 468-6510 Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 1500 VILLA STREET ELGIN, IL 60120						E. Illinois Transporter's ID			
10. US EPA ID Number ILD 000805911						F. () Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No. Type		13. Total Quantity	
a. WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D039) (ERG#160) 13#/GAL FILTERS						DF		G	
b. RG WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D007, D008) (D039, D040) (ERG#160) 13 LBS/GAL						DF		G	
c. Call for service (847) 468-6510 every 12 weeks									
d.									
J. Additional Descriptions for Materials Listed Above I (A) D039 I (B) D007 D008 (B) D039, D040						K. Handling Codes for Wastes Listed Above in Item #14			
15. Special Handling Instructions and Additional Information 9805 94797938 690182 5-034-51-1236 04 EMERGENCY RESP#800-468-1760 24 HR A: 906 B: 942 C: D:									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made good faith effort to minimize my waste generation and select the best waste management method that is available to me and the environment.									
Printed/Typed Name YOUNG H. KWAIC						Signature <i>[Signature]</i>		Month Day Year 03/11/98	
17. Transporter 1 Acknowledgment of Receipt of Materials						Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
18. Transporter 2 Acknowledgment of Receipt of Materials						Printed/Typed Name <i>[Signature]</i>		Signature <i>[Signature]</i>	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									DATE
Printed/Typed Name Michelle Stepanek						Signature <i>[Signature]</i>		Month Day Year 03/11/98	

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111½ Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

DO NOT RETURN TO GENERATOR



NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved CMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD 984832626	Manifest Document No. 58343	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is required by Illinois law.
3. Generator's Name and Mailing Address MAPLE PLAZA CLEANERS 2265 MAPLE AVE. DOWNERS GROVE IL 60515			A. Illinois Manifest Document Number IL 8121660		MANIFEST FEE PAID
4. Generator's Phone (708) 852-7670			B. Illinois Generator's ID 0430300028		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.			6. US EPA ID Number ILD 984908202	C. Illinois Transporter's ID 1123	D. 847 468-6510 Transporter's Phone
7. Transporter 2 Company Name			8. US EPA ID Number	E. Illinois Transporter's ID	F. () Transporter's Phone
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 1500 VILLA STREET ELGIN, IL 60120			10. US EPA ID Number ILD 000805911	G. Illinois Facility's ID 0314380001	H. Facility's Phone 847 468-6560
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D039) (ERG#160) 13#/GAL FILTERS			007 DF	00012	G G
b. RG WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D007, D008) (D039, D040) (ERG#160) 13 LBS/GAL			001 DF	00015	G G
c.					
d.					
J. Additional Descriptions for Materials Listed Above I (A) D039 I (B) D007 D008 (B) D039, D040			K. Handling Codes for Wastes Listed Above in Item #14		
15. Special Handling Instructions and Additional Information 9746 94345035 758343 5-034-51-1236 04 EMERGENCY RESP#800-468-1760 24 HR A: 906 B: 942 C: D:					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Yoon Hyun Kwak			Signature [Signature]		DATE Month Day Year 11/19/97
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name [Signature]			Signature [Signature]		DATE Month Day Year 11/19/97
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name [Signature]			Signature [Signature]		DATE Month Day Year []/[]/[]
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					DATE
Printed/Typed Name Michelle Stepanek			Signature Michelle Stepanek		Month Day Year 11/19/97

This Agency is authorized to require, pursuant to Illinois Revised Statutes 1989, Chapter 111 1/2 Sections 1004 and 1002, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1, TSD MAIL TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. ILD 984832626		Manifest Document No. 58343		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law.	
3. Generator's Name and Mailing Address MAPLE PLAZA CLEANERS 1005 MAPLE AVE. BURNERS GROVE IL 60313						A. Illinois Manifest Document Number IL 8121660			
4. Generator's Phone (708) 252-7470						B. Illinois Generator's ID 0430300028			
5. Transporter 1 Company Name WASTE MANAGEMENT CORP.				6. US EPA ID Number IL 984905202		C. Illinois Transporter's ID 1123			
7. Transporter 2 Company Name				8. US EPA ID Number		D. (847) 468-6510 Transporter's Phone			
9. Designated Facility Name and Site Address WASTE MANAGEMENT CORP. 1005 MAPLE STREET BURNERS GROVE IL 60313						E. Illinois Transporter's ID			
10. US EPA ID Number IL 000605911						F. () Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity	
						No. Type		14. Unit Wt/Vol	
a. WASTE TETRACHLOROETHYLENE 100% PG III (P002, D009) 100% 100% GAL FILTERS						DF		G	
b. WASTE TETRACHLOROETHYLENE 100% PG III (P002, D009, D008) 100% 100% (SER#160) 13 LBS/GAL						DF		G	
c.									
d.									
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above in item #14			
100% D009 100% D009 D009 (B) D039, D040									
15. Special Handling Instructions and Additional Information 9746 94345035 738243 5-034-51-1236 04 WASTE MANAGEMENT CORP 300-468-1750 24 HR A: 904 B: 942 C: D:									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name						Signature		DATE Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		DATE Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name						Signature		DATE Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.									
Printed/Typed Name						Signature		DATE Month Day Year	

17-24

Detail Sales By Item

Date ranges : 010198..123199
 cust account Range : 478510-0
 item range : 2951..2952ZZ,2962..2

Item numbe	Cust accou Name	Sales rep.	Invoice nu	Invoice Da	Qty.	Unit	Sales pric
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00359250	6/11/98		3 CN	185.25
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00361336	7/8/98		2 CN	123.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00363748	8/6/98		1 CN	63.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00364822	8/20/98		1 CN	63.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00367075	9/17/98		1 CN	63.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00368158	10/1/98		1 CN	63.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00369146	10/15/98		1 CN	63.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00372560	11/30/98		1 CN	63.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00376283	1/21/99		2 CN	123.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00379107	3/3/99		2 CN	123.50
3007IL	DOWPER (5 GAL CAN) 478510-0 MAPLE PLAZA CLEANERS *		00382234	4/14/99		2 CN	123.50
			Item total:			17.00	1,060.25
			Grand total:			17.00	1,060.25

~~PRINT OPTIONS: YES~~

Cust# 178500 Thru 478500

Ident: Random

Terr:All

Location: All

Secret! All

Prod Cat: All

Tax Authority: All

Cust Code: All

User Defined: All

Item	Location	Cust	Name	Prod	Ubr	Cust	Sls	Invoice	Pst					
				Cat	Def	Cod	Ter	Rcr	Number	Date	Qty	UM	Sales	Flg
3007			DUMPER (5 GAL CAN)											
	WA:WAUSAU	478500	MAPLE PLAZA 1 HR CLEANERS	D1	10	8	111	00321731	02/10/97		1	CN	40.50	Y
				D1	10	8	111	00324776	03/24/97		1	CN	40.50	Y
				D1	10	8	111	00328000	05/05/97		2	CN	82.00	Y
				D1	10	8	111	00331358	06/16/97		1	CN	46.00	Y
				D1	10	8	111	00335746	08/11/97		3	CN	132.75	Y
Customer Total:											8		341.75	
Location Total:											8		341.75	
Item Total:											8		341.75	
Grand Total:													341.75	

Detail Sales by Item

23-4

*** Report Selection Criteria *** Invoice Dates: All

Print Options: YES

Cust#: 478500 Thru 478500

Item#: Random

Prod Cat#: All

Tax Authority: All

Terr: All

Location: All

Slrser: All

Cust Code: All

User Defined: All

				Prod		Ucr	Cust	Sls	----Invoice----				Pst		
Item	Location	Cust	Name	Cat	Def	Cod	Ter	Rep	Number	Date	Qty	UM	Sales	Flg	
3007	DOWPER (5 GAL CAN)														
	WATNAUSAU	478500	MAPLE PLAZA 1 HR CLEANERS	D1		10		8	111	00312282	10/04/96	2	CN	77.50	Y
				D1		10		8	111	00315875	11/18/96	1	CN	40.50	Y
				D1		10		8	111	00316783	12/02/96	1	CN	40.50	Y
				D1		10		8	111	00318923	12/30/96	1	CN	40.50	Y
Customer Total:												5		199.00	
Location Total:												5		199.00	
Item Total:												5		199.00	

4917 DOWPER (3 1/2 GAL CAN)

	WA:WAUSAU	478500	MAPLE PLAZA 1 HR CLEANERS	D1	10	8	111	00265322	01/30/95		4	CN	91.40	Y
				D1	10	8	111	00267372	02/27/95		2	CN	56.20	Y
				D1	10	8	111	00270395	04/10/95		1	CN	29.85	Y
				D1	10	8	111	00271440	04/24/95		2	CN	56.20	Y
				D1	10	8	111	00274651	06/05/95		2	CN	56.20	Y
				D1	10	8	111	00278826	07/28/95		1	CN	29.85	Y
				D1	10	8	111	00282324	09/11/95		1	CN	29.85	Y
				D1	10	8	111	00284699	10/10/95		1	CN	29.85	Y
				D1	10	8	111	00287016	11/07/95		2	CN	56.20	Y
				D1	10	8	111	00290136	12/18/95		2	CN	56.20	Y
				D1	10	8	111	00291876	01/15/96		1	CN	29.85	Y
				D1	10	8	111	00295262	02/26/96		2	CN	56.20	Y
				D1	10	8	111	00299215	04/22/96		2	CN	56.20	Y
				D1	10	8	111	00304941	07/01/96		2	CN	56.20	Y
				D1	10	8	111	00308167	08/12/96		2	CN	56.20	Y
Customer Total:											27		746.45	
Location Total:											27		746.45	
Item Total:											27		746.45	

Grand Total:

946.45

2-10

to 5 gal

2-10

3-24

to 1 gal

23-6



WAUSAU CHEMICAL CORPORATION
 P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953
 PHONE 715-842-2285
 TOLL FREE 800-950-6656
 FAX 715-842-9059
 630-850-7670

SOLD
TO

MAPLE PLAZA CLEANERS A
 2265 MAPLE AVE
 DOWNERS GROVE IL 60515

**SHIP
TO**

MAPLE PLAZA CLEANERS A
 2265 MAPLE AVE
 DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

ROUTE:

SEQUENCE:

213.00

TOTAL WEIGHT:

OUR ORDER NO.

349312

ORDER DATE

04/08/99

CUSTOMER
ACCT. NO.

478510

LOC.

AM

SLSMN.

111

CUSTOMER ORDER NUMBER

SHIP VIA

OUR TRF

FREIGHT
COLL/PPD

PPD

INVENTORY NO.

UNIT

HM

DESCRIPTION

QUANTITY

ORDERED

SHIPPED

BACK ORD.

3007 IL

CH

X

TETRACHLORETHYLENE,
 G.I. UN1897, PG III, EQ=100 LB
 SARA III, SEC 313 REPORTABLE
 DOWPER (5 GAL CAN)

2

2

4527

CS

STRUT (PAINTED) GOLD (250/CS)

2

2

1388

EL

PLATINUM 40" 27# (21X7X40)

1

1

PICK UP EMPTY CONTAINERS (Y/N)

3 15 Gal.

4 55 Gal. Steel

5 55 Gal. Plastic

6 OTHER

LOAD BY:

DEL'D BY: / /

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE.

X

SIGNATURE

DATE

CUSTOMER'S DELIVERY COPY

ARDOUS
SERIALS

COMMENTS

23-7



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953
 PHONE 715-842-2285
 TOLL FREE 800-950-6656
 FAX 715-842-9059

ROUTE:
 SEQUENCE: 123100
 TOTAL WEIGHT:

SOLD
TO

MAPLE PLAZA CLEANERS &
 2265 MAPLE AVE
 DOWNERS GROVE IL 60515

SHIP TO MAPLE PLAZA CLEANERS &
 2265 MAPLE AVE
 DOWNERS GROVE IL 60515
 (HPS: 7AM - 7PM)

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL/PPD
347487	03 11 99	118510	AM	111		OUR TRK	PPD

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
417	GL		COMBUSTIBLE LIQUID, N.O.S.. (PETROLEUM DISTILLATE). COMBUSTIBLE, NA1993, PG III LAIDLAW WETSFO (GAL)	1	1	
4730	CS		CAPEO CARRIAGE TRADE 13GA 500/ (PRINTED) GOLD	1	1	
459	GL		STREETS STATICOL (GAL)	2	2	
5130	PL		TISSUE 15 X 20 WHITE 2RN/PK	1	1	
1175	CS		SHIRT BOX RELIABLE 9 IN 100/CS	1	1	
TOTAL OF EMPTY CONTAINERS (LTD)						

1	4x1 Gal.
2	5 Gal.
3	15 Gal.
4	55 Gal. Steel
5	55 Gal. Plastic
6	OTHER

LOAD BY:
 DEL'D BY: *[Signature]*

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. **FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.**

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE

X *[Signature]* DATE 3-16-99

COMMENTS

27-8



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE _____ 715-842-2285

TOLL FREE _____ 800-950-6656

FAX _____ 715-842-9059

630-852-1670

ROUTE:

SEQUENCE: 183.00

TOTAL WEIGHT:

SOLD
TO

MAPLE PLAZA CLEANERS A
2265 MAPLE AVE
DOWNERS GROVE IL 60515

**SHIP
TO**

MAPLE PLAZA CLEANERS A
2265 MAPLE AVE
DOWNERS GROVE IL 60515

CHRS. VAN - 3101

OUR ORDER NO.

346673

ORDER DATE

02/26/99

CUSTOMER
ACCT. NO.

78510

LOC.

AM

SLSMN.

111

CUSTOMER ORDER NUMBER

SHIP VIA

DUE TRF

FREIGHT
COLL/PPD

PPD

INVENTORY NO.

UNIT

HM

DESCRIPTION

QUANTITY

ORDERED

SHIPPED

BACK ORD.

3007 IL

CA

X

TETRACHLORETHYLENE.
6.1. UN1897. PG III. RO=100 LB
SARA III. SEC 313 REPORTABLE
DOWPER (5 GAL CAN)

✓ 3

3

1803

CA

LINT LIFTER 320GSR W/1 HANDLE
(SAME AS 430-12)

✓ 1

1

4528

CS

CURVEOVER DELUXE COVERS 500/CS
EZ LOCK OR SURE LOCK SHOULDER

✓ 1

1

1086

PR

GLOVES-DRY CLNG(BLUE/GREEN)
PIONEER AFP-202

✓ 2

2

4527

CS

STRUT (PAINTED) GOLD (250/CS)

✓ 3

3

4728

CS

LAPED CARRIAGE TRADE 136a 500/
(PAINTED) GOLD

✓ 1

1

2662

BG

STARCH. CORN (504 BG)

✓ 1

1

H2662

CA

INCLUDE ONE H2605 FOR ABOVE ITEM

41

LOAD BY:

DEL'D BY:

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED,
MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE
APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY -
SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO
COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE

X

SIGNATURE

DATE

CUSTOMER'S DELIVERY COPY

COMMENTS

 ARDOUS
SERIALS



WAUSAU CHEMICAL CORPORATION
P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953
PHONE 715-842-2285
TOLL FREE 800-950-6656
FAX 715-842-9059
630-852-7670

ROUTE:
SEQUENCE: 139.00
TOTAL WEIGHT:

SOLD
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

MAPLE PLAZA CLEANERS &
SHIP TO 2265 MAPLE AVE
DOWNERS GROVE IL 60515
(HRS: 7AM - 7PM)

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL/PPD
344930	01/29/99	178510	AM	111		OUR TRK	PPD

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
1401	PL	X	SODIUM FLUOROSILICATE, MIXTURE 6.1.(KEEP AWAY FROM FOOD). UN2674, PG III GTLR SHIRT SOUR (35# PL)	✓ 1	1	
M1401	EA		INCLUDE ONE MSDS FOR ABOVE ITEM	1	1	
2679	BY	X	CORROSIVE SOLID, BASIC. INORGANIC, N.O.S.. (CONTAINS SODIUM METASILICATE ANHYDROUS) 8. UN3262, PG II	✓ 1	1	
M2672	EA		DETERGENT PRODET (50# BOX) INCLUDE ONE MSDS FOR ABOVE ITEM	1	1	
5139	FF		TISSUE 15 X 20 WHITE 2RM/PK	✓ 2	2	
2667	BY		BLEACH, OXYGEN (50# BOX)	✓ 1	1	
M2667	EA		INCLUDE ONE MSDS FOR ABOVE ITEM	1	1	
1208	RL		CLEAR 72" 27" (21X2X72") PICK UP EMPTY CONTAINERS (Y/N)	✓ 1	1	

LOAD BY:

DEL'D BY: *firm*

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE.

COMMENTS

SIGNATURE

DATE

CUSTOMER'S DELIVERY COPY

ZARDOS
ATERIALS



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

ROUTE:

SEQUENCE:

TOTAL WEIGHT:

SOLD TO

MAPLE PLAZA CLEANERS A
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP TO

MAPLE PLAZA CLEANERS A
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL/PPD
344088	01/15/99	278510	AM	111		OUR TRK	PPD

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
437	GL	X	COMBUSTIBLE LIQUID. N.D.S., (PETROLEUM DISTILLATE), COMBUSTIBLE, NA1993, PG III LAIDLAW WETSFO (GAL)	(1)	1	
3007 IL	CP	X	TETRACHLORETHYLENE, 6.1, UN1897, PG III, RD=100 LB SARA III, SEC 313 REPORTABLE DOWPER (5 GAL CAN)		2	
1171	CS		SHIRT BOX RELIABLE 5 IN 200/CS	(1)	1	
1803	EX		LINT LIFTER 320GSR W/1 HANDLE (SAME AS 430-12)	(1)	1	
1845	EX		ZE-GO BAR DISPLAY (10/EX)	(1)	1	
1916	EG		BIG DADDY SHAYER AC/DC ELEC. R-CLS-3AD	1	0 X 1	
1180	CS		TIE BAG ONLY 500/CS	1	1	
AAA Continued On The Next Page AAA						

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE

COMMENTS

SIGNATURE

DATE

LOAD BY:

DEL'D BY:

CONTAINER REPORT

1 4x Gal.

2 5 Gal.

3 15 Gal.

4 55 Gal. Steel

5 55 Gal. Plastic

6 OTHER



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

630-652-7670

ROUTE:
SEQUENCE:
TOTAL WEIGHT:

11.00

SOLD
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

CHRS: 7AN - 200

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL./PPD
340803	11/23/98	470510	AM	111		UPS/HAND	FPD/H

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
506	GL	X	COMBUSTIBLE LIQUID, N.O.S., (PETROLEUM DISTILLATE). NA1993, PG III LAIDLAW SILK SHEEN (GAL)	1	1	
PICK UP EMPTY CONTAINERS (C/N)						

REPORT	
1	4x1 Gal.
2	5 Gal.
3	15 Gal.
4	55 Gal. Steel
5	55 Gal. Plastic
6	OTHER
LOAD BY: <i>HS</i>	
DEL'D BY: <i>HS</i>	

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE

X

SIGNATURE

DATE

11-23-98

COMMENTS

CUSTOMER'S DELIVERY COPY



WAUSAU CHEMICAL CORPORATION
P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953
PHONE 715-842-2285
TOLL FREE 800-950-6656
FAX 715-842-9059
800-950-7670

ROUTE:
SEQUENCE: 309.00
TOTAL WEIGHT:

SOLD
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

OUR ORDER NO.

337567

ORDER DATE

10/08/96

CUSTOMER
ACCT. NO.

478510

LOC.

AM

SL8MN.

111

CUSTOMER ORDER NUMBER

SHIP VIA

OUR TRK

FREIGHT
COLL/PPD

PPD

INVENTORY NO.

UNIT

HM

DESCRIPTION

QUANTITY

ORDERED

SHIPPED

BACK ORD.

3007 IL

CH

X

TETRACHLORETHYLENE.
G.I. UN1897. PG III. RD-100 LB
SARA III. SEC 313 REPORTABLE
DOWPER (5 GAL CAN)

1

1

614

CS

FILTER PURITAN CARBN COR(4/CS)

1

1

459

GL

STREETS-STATICOL (GAL)

2

2

673

CS

SHIRT HGR-BELL SHAPE WHITE
1000/CS

1

1

4728

CS

CAPED CARRIAGE TRADE 13GA 500/
(PAINTED) GOLD

2

2

4527

CS

STRUT (PAINTED) GOLD (250/CS)

2

2

PICK UP EMPTY CONTAINERS (Y/N)

1 4x1 Gal.

2 5 Gal.

3 15 Gal.

4 55 Gal. Steel

5 55 Gal. Plastic

6 OTHER

LOAD BY:

DEL'D BY: RLM

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE.

X

SIGNATURE

DATE

COMMENTS

23-14



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

800-950-7670

SOLD
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 2PM)

ROUTE:

SEQUENCE:

TOTAL WEIGHT:

154.50

OUR ORDER NO.

336707

ORDER DATE

09/25/98

CUSTOMER
ACCT. NO.

478510

LOC.

AM

SLSMN.

111

CUSTOMER ORDER NUMBER

SHIP VIA

OUR TRF

FREIGHT
COLL./PPD

FPD

INVENTORY NO.

UNIT

HM

DESCRIPTION

QUANTITY

ORDERED

SHIPPED

BACK ORD.

3007 IL

CN

X

TETRACHLORETHYLENE,
G.I. UN1897, PG III, PG=100 LB
SARA III, SEC 313 REPORTABLE
DOWPER (5 GAL CAN)

1

1

1803

R

LINT LIFTER 320GSR W/1 HANDLE
(SAME AS 430-12)

3

3

1895

PK

TISSUE 18 X 24 WHITE 2-RM PACK
ACID FREE, ANTI-TARNISH

3

3

553

GL

ROYALTONE SILK MAGIC (GAL)

1

1

1103

EA

IRON PARKER CHALK

3

3

4728

CS

CARVED CARRIAGE TRADE 13GA 500/
(PAINTED) GOLD

1

1

FILL OR EMPTY CONTAINERS (CAN)

LOAD BY:

DEL'D BY: *SM*

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE.

X

SIGNATURE

DATE

COMMENTS

CUSTOMER'S DELIVERY COPY

HAZARDOUS
MATERIALS

REPORT

1 4x1 Gal.

2 5 Gal.

3 15 Gal.

4 55 Gal. Steel

5 55 Gal. Plastic

6 OTHER

WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

630-852-7670

ROUTE: 27
SEQUENCE: 292.00
TOTAL WEIGHT:

SOLD TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

OUR ORDER NO.

335544

ORDER DATE

09/10/98

CUSTOMER ACCT. NO.

478510

LOC.

AM

SLSMN.

111

CUSTOMER ORDER NUMBER

SHIP VIA

OUR TRK

FREIGHT COLL./PPD

PPD

INVENTORY NO.

UNIT

HM

DESCRIPTION

QUANTITY

ORDERED

SHIPPED

BACK ORD.

30071L

LN

X

TETRACHLORETHYLENE,
6.1. UN1997. PG III. EQ=100 LB
SARA III, SEC 313 REPORTABLE
DOWPER (5 GAL CAN)

1

1

728

CS

CAPED CARRIAGE TRADE 13GA 500/
(PAINTED) GOLD

2

2

4527

CS

STRUT (PAINTED) GOLD (350/CS)

2

2

673

CS

SHIRT HGR-BELL SHAPE WHITE
1000/CS

1

1

459

GL

STREETS STATCOL (GAL)

3

3

PICK UP EMPTY CONTAINERS (Y/N)

4 55 Gal. Steel

5 55 Gal. Plastic

6 OTHER

LOAD BY

DEL'D BY/AM

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION. ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE.

COMMENTS

SIGNATURE

DATE

HAZARDOUS MATERIALS

504
514
2 per L

91-18



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

630-852-7670

ROUTE:

SEQUENCE:

TOTAL WEIGHT:

79.00

SOLD
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

**SHIP
TO**

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

OUR ORDER NO.

332725

ORDER DATE

07/31/98

CUSTOMER
ACCT. NO.

170510

LOC.

AM

SLSMN.

111

CUSTOMER ORDER NUMBER

SHIP VIA

OUR TRK

FREIGHT
COLL./PPD

PPD

INVENTORY NO.

UNIT

HM

DESCRIPTION

QUANTITY

ORDERED

SHIPPED

BACK ORD.

3007 IL

CN

X

TETRACHLORETHYLENE,
6.1, UN1897, PG III, RD=100 LB
SARA III, SEC 313 REPORTABLE
DOWPER (5 GAL CAN)

1

1

521

GL

STREETS GELATONE (GAL)

1

1

PICK UP EMPTY CONTAINERS (Y/N)

LOAD BY:

DEL'D BY:

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE.

COMMENTS

SIGNATURE

DATE

CUSTOMER'S DELIVERY COPY

ZARDIOUS
ATERIALS

#	REPORT
1	4x1 Gal.
2	5 Gal.
3	15 Gal.
4	55 Gal. Steel
5	55 Gal. Plastic
6	OTHER
	55AL Steel for
	LOAD BY:
	DEL'D BY:

X

7/31/98



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285
TOLL FREE 800-950-6656
FAX 715-842-9059

ORDER

ROUTE:
SEQUENCE:
TOTAL WEIGHT:

SOLD TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL/PPD
332553	07/29/93	170510	AM	111		OUR TER	PPD

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
506	GL	X	COMBUSTIBLE LIQUID, N.O.S., (PETROLEUM DISTILLATE). NA1993, PG III LAIDLAW SILK SHEEN (GAL)	1	1	
440	GL		LAIDLAW FORMULA 2 (GAL)	1	1	
466	GL		STREETS STREETEX (GAL)	1	1	
558 K558	GL EA		ROYALTONE SILK MAGIC (GAL) INCLUDE ONE MSDS FOR ABOVE ITEM	1	1	
614	GL		FILTER PURITAN CARBON COR-2/15/1	1	1	
PICK UP EMPTY CONTAINERS (170)						
LOAD BY:				DEL'D BY:		

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE/WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE

X

SIGNATURE

DATE

ERALS



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

630-853-7670

SOLD
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

ROUTE:

SEQUENCE:

TOTAL WEIGHT:

50.50

REPORT	
1	4x1 Gal.
2	5 Gal.
3	15 Gal.
4	55 Gal. Steel
5	55 Gal. Plastic
6	OTHER
LOAD BY:	
DEL'D BY: <i>RAM</i>	

ARDUOUS
TERIALS

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL/PPD
331408	07/14/98	478510	AM	111		OUR TRK	PPD

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
506	GL	X	COMBUSTIBLE LIQUID, N.O.S.. (PETROLEUM DISTILLATE). NA1993. PG III LAIDLAW SILK SHEEN (GAL) INCLUDE ONE MSDS FOR ABOVE ITEM	1	0	1
M1357	EA			1	1	
466	GL		STREETS STREETEX (GAL)	1	1	
M467	EA		INCLUDE ONE MSDS FOR ABOVE ITEM	1	1	
459	GL		STREETS STATICOL (GAL)	3	3	
PICK UP EMPTY CONTAINERS (Y/N)						

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

COMMENTS

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE

X

SIGNATURE

DATE

Yorn

7-20-98

23-19



WAUSAU CHEMICAL CORPORATION
 P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953
 PHONE 715-842-2285
 TOLL FREE 800-950-6656
 FAX 715-842-9059
 630-852-7070

ROUTE:
 SEQUENCE:
 TOTAL WEIGHT: 343.00

SOLD
TO

MAPLE PLAZA CLEANERS &
 2265 MAPLE AVE
 DOWNERS GROVE IL 60515

SHIP
TO

MAPLE PLAZA CLEANERS &
 2265 MAPLE AVE
 DOWNERS GROVE IL 60515

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL/PPD
1306	07-02-98	478510	AM	111		OUR TRK	PPD

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
3007 IL	CR		TETRACHLORETHYLENE, 6.1, UN1897, PG III, RD=100 LB SARA III, SEC 313 REPORTABLE DOWFER (5 GAL CAN)	✓ 2	2	
459	GL		STREETS STATICOL (GAL)	✓ 1	1	
440	GL		LAWDLAW FORMULA Z (GAL)	✓ 1	1	
521	GL		STREETS GELATONE (GAL)	✓ 1	1	
4527	CS		STRUT (PAINTED) GOLD (250/CS)	✓ 1	1	
4736	CS		CAPED CARRIAGE TRADE 13GA 500/ (PAINTED) GOLD	✓ 2	2	
678	EX		FOAM HANGER COVER ASSORT 500/B (ASSORTED COLORS)	✓ 1	1	
1280	RL		PLATINUM 40" 27# (21X7X40)	✓ 1	1	
17	PL		PLATINUM 56" 27# (21X7X56)	✓ 1	1	

#	REPORT
1	4x1 Gal. #1
2	5 Gal.
3	15 Gal.
4	55 Gal. Steel
5	55 Gal. Plastic
6	OTHER
LOAD BY:	
DEL'D BY:	

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND IT'S RELATED INVOICE.

COMMENTS

X

SIGNATURE

DATE



WAUSAU CHEMICAL CORPORATION

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

ORDER

ROUTE:

SEQUENCE:

TOTAL WEIGHT:

SOLD
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP
TO

MAPLE PLAZA CLEANERS &
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

OUR ORDER NO.	ORDER DATE	CUSTOMER ACCT. NO.	LOC.	SLSMN.	CUSTOMER ORDER NUMBER	SHIP VIA	FREIGHT COLL./PPD
329539	06-18-98	478510	AM	111		ONE TRK	PPD

INVENTORY NO.	UNIT	HM	DESCRIPTION	QUANTITY		
				ORDERED	SHIPPED	BACK ORD.
503	GL	X	CORROSIVE LIQUIDS, TOXIC, N.O.S., (CONTAINS TITANIUM SULFATE SOLUTION/AMMONIUM HYDROGEN DIFLUORIDE SOLUTION), 8, SUBSIDIARY RISK 6.1, UN2932, PG II		1	
4537	EA		WILSON YELLOWGO (GAL) INCLUDE ONE MSDS FOR ABOVE ITEM	1	1	
459	GL		STREETS GELATONE (GAL) INCLUDE ONE MSDS FOR ABOVE ITEM	1	1	
1238	GL		STREETS STATIDOL (GAL)	1	1	
	GL		PLATINUM 40" 271 (21A7X40)	1	1	
			PICK UP EMPTY CONTAINERS (120)			

LOAD BY:

DEL'D BY: *f/p*

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE.

X

SIGNATURE

DATE

ERIALS

1	4x1 Gal.
2	5 Gal.
3	15 Gal.
4	55 Gal. Steel
5	55 Gal. Plastic
6	OTHER



HAZARDOUS WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR
CERTIFICATION

CUSTOMER NAME: Mpls Plaza Cleaners

CUSTOMER NUMBER: 5-03451-1226

DATE: 5-7-98

HAZARDOUS WASTES GENERATED: per

By signing below, I certify the hazardous waste(s) removed from
my premises on the date referenced above have been accumulated
from 2-15-98
(Accumulation start date)

I also certify that I am a conditionally exempt small quantity
generator (generate less than 220 pounds of hazardous waste per
calendar month and have not accumulated more than 2,200 pounds
of waste total at any one time) and therefore am not required by
Federal or State law to manifest my wastes off-site.

Eungh Kook
Customer Signature

Eungh Kook
Printed Name and Title

To be maintained at the customer file in branch

17-14



HAZARDOUS WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR
CERTIFICATION

CUSTOMER NAME: MAPLE PLAZA CTRS

CUSTOMER NUMBER: 9-2429-32

TODAY'S DATE: 9/18/01

HAZARDOUS WASTES GENERATED: WASTE PRC & FLUOR

By signing below, I certify the hazardous waste(s) removed from my premises on the date referenced above have been accumulated from 5/18/01.
(accumulation start date)

I also certify that I am a conditionally exempt small quantity generator (generate less than 220 pounds of hazardous waste per calendar month and have not accumulated more than 2,200 pounds of waste total at any one time) and therefore am not required by Federal or State law to manifest my wastes off-site.

Yoon Kang
Customer Signature

Yoon KANG
Printed Name and Title

To be maintained at the branch in customer file.

17-12



HAZARDOUS WASTE CONDITIONALLY EXEMPT SMALL QUANTITY GENERATOR
CERTIFICATION

CUSTOMER NAME: MAPLE PLAZA 0625

CUSTOMER NUMBER: 4-2429-32

TODAY'S DATE: 9/7/00

HAZARDOUS WASTES GENERATED: WHITETERRICHLOROETHYLENE & FICTEL

By signing below, I certify the hazardous waste(s) removed from my premises on the date referenced above have been accumulated from 3-10-00
(accumulation start date)

I also certify that I am a conditionally exempt small quantity generator (generate less than 220 pounds of hazardous waste per calendar month and have not accumulated more than 2,200 pounds of waste total at any one time) and therefore am not required by Federal or State law to manifest my wastes off-site.

[Signature]
Customer Signature

Yoon KANG
Printed Name and Title

To be maintained at the branch in customer file.

17-25



Office of the State Fire Marshal
DIVISION OF BOILER AND PRESSURE VESSEL SAFETY
1035 STEVENSON DRIVE
SPRINGFIELD, ILLINOIS 62703-4259
217/782-2696

PAGE 18-1

BOILER OR PRESSURE VESSEL REPORT OF INSPECTION

FOR OFFICE USE ONLY

OWNER ID: 043082

USER ID: 062346

CERTIFICATE EXPIRATION DATE: 11/22/2000

County: Du Page

21 HARTFORD STEAM BOILER

State Number:

80005264

Owner Name:

MAPLE PLAZA CLEANERS

User Name:

MAPLE PLAZA CLEANERS

Owner Street Address:

2265 W MAPLE AVE

User Street Address:

2265 W MAPLE AVE

Owner City:

DOWNERS GROVE

ST

IL

Zip:

60515-

User City:

DOWNERS GROVE

Zip:

60515-

Nature of Business:

CLEANERS

Invoice:

Certificate:

Owner:

☒

User:

☐

Owner:

☒

User:

☐

Contact Person:

SUNG YANG

Phone:

(630)852-7670

Ext:

Nat'l No:

39373

Other No:

75173

Ins. Date:

4400090

Inspection Agency:

21 HARTFORD STEAM BOILER

Status:

Active

Date:

01/21/1998

Object Status:

Active

Date:

11/29/1993

Manufacturer:

LATTNER

A.S.M.E. Code Stamped

Yes: ☒

No: ☐

Boiler Location:

GROUND FLOOR BOILER ROOM

Type Object:

FT: ☐

WT: ☐

CL: ☐

Air Tank: ☐

Water Tank: ☐

Other: FT

Use:

Power: ☐

Process: ☐

Steam Heat: ☐

HWH: ☐

HWS: ☐

Heat Exchange: ☐

Other: POWER

Year Built:

1987

Year Inst.:

Fuel:

Gas

UFPV Dimension / WxL

Method of Firing:

Auto

Pressure:

High: ☒

Low: ☐

M.A.W.P.:

125

Power Boiling Heating Surface:

29

Min. Relieving Capacity Required:

414

Certificate Insp:

Yes: ☒

No: ☐

Date Inspected:

12/18/00

Next Due Date:

12/18/01

Kind of Inspection:

Int: ☒

Ext: ☐

Pressure Observed:

0/200

Safety/Relief Valve Set At:

125

Total Capacity of Safety/Relief Valve:

712

Safety / Relief Valve Tested:

Yes: ☒

No: ☐

Is Capacity Adequate:

Yes: ☒

No: ☐

Low Water Cut-Off:

Float: ☒

Probe: ☐

Flow: ☐

Tested:

Yes: ☐

No: ☒

Is Certificate Posted:

Yes: ☒

No: ☐

Expiration Date:

11/22/00

High Limit Control:

Temp: ☐

Pressure: ☒

Tested:

Yes: ☐

No: ☒

Is Condition Of Object Such That A Certificate May Be Issued:

Yes: ☒

No: ☐

(If No Explain Fully Under Code Violations)

List Code Violations:

HARD ADHERING SCALE PRESENT

Requirements:

ADJUST CHEMICAL TREATMENT

I Certify This Is A True Report Of My Inspection:

Inspector's Signature:

JL

Illinois Commission Number:

1439



18-2

Office of the State Fire Marshal
DIVISION OF BOILER AND PRESSURE VESSEL SAFETY
1035 STEVENSON DRIVE
SPRINGFIELD, ILLINOIS 62703-4259
217/782-2696

BOILER OR PRESSURE VESSEL REPORT OF INSPECTION

County: Du Page		State Number: 30005264		FOR OFFICE USE ONLY OWNER ID: 043082 USER ID: 042343 CERT. EXP. DATE: 11/13/1999	
Owner Name: MAPLE PLAZA CLEANERS				User Name: MAPLE PLAZA CLEANERS	
Owner Street Address: 2265 W MAPLE AVE				User Street Address: 2265 W MAPLE AVE	
Owner City: DOWNERS GROVE		ST: IL	Zip: 60515-		User City: DOWNERS GROVE
Name of Business: CLEANERS		Invoice Certificate	Owner <input checked="" type="checkbox"/> User <input type="checkbox"/>	Contact Person: SUNG KANG	
Natl Bd No: 3907		Other No: 75173	Ins. Date: 3816232	Inspection Agency: 21 HARTFORD STEAM BOILER	
Object Status: 801145		Date: 11/29/1999	Manufacturer: LATTNER		Specific Location: GROUND FLOOR BOILER ROOM
Type Object: FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> Air Tank <input type="checkbox"/>		Use: Power <input type="checkbox"/> Process <input type="checkbox"/> Steam Heat <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/>		Heat Exchange <input type="checkbox"/> Other: POWER	
Year Built: 1975		Year Inst:		Method of Firing: Auto	
Pressure: High <input type="checkbox"/> Low <input type="checkbox"/>		M.A.W.P.: 125		Min. Relieving Capacity: 414	
Certificate Insp: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Date Inspected: 11/22/99		Next Due Date: 11/22/2000	
Pressure Observed: 5/200		Safety/Relief Valve Set At: 125		Total Capacity of Safety/Relief Valve: 112	
Safety Relief Valve Tested: Yes <input type="checkbox"/> No <input type="checkbox"/>		Is Capacity Adequate: Yes <input type="checkbox"/> No <input type="checkbox"/>		Low Water Cut-Off: Float <input type="checkbox"/> Probe <input type="checkbox"/> Flow <input type="checkbox"/>	
Is Certificate Posted: Yes <input type="checkbox"/> No <input type="checkbox"/>		Expiration Date: 11/12/99		High Limit Control: Temp <input type="checkbox"/> Pressure <input checked="" type="checkbox"/>	
Is Condition Of Object Such That A Certificate May Be Issued: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No Explain Fully Under Code Violations)					

List Code Violations:	
Requirements:	
I Certify This is A True Report Of My Inspection	
Inspector's Signature:	
Illinois Commission Number:	



Office of the State Fire Marshal
DIVISION OF BOILER AND PRESSURE VESSEL SAFETY
1035 STEVENSON DRIVE
SPRINGFIELD, ILLINOIS 62703-4259
217/782-2696

18-3

BOILER OR PRESSURE VESSEL REPORT OF INSPECTION

HARTFORD STEAM BOILER				FOR OFFICE USE ONLY OWNER ID USER ID CERT. EXP. DATE	
State Number B00C5264					
Owner Name MAPLE PLAZA CLEANERS				User Name MAPLE PLAZA CLEANERS	
Owner Street Address				User Street Address 2265 MAPLE AVE	
Owner City DOWNERS GROVE		St IL	Zip 60515-	User City DOWNERS GROVE	
Name of Business		Invoice Certificate	Owner <input checked="" type="checkbox"/> User <input type="checkbox"/> Owner <input checked="" type="checkbox"/> User <input type="checkbox"/>	Contact Person JAMES HAI SUNG KANG	Phone 630-952-7670
NatIDNo 200000		Other No 100000	Ins. Date 3816232	Inspection Agency 21 HARTFORD STEAM BOILER	Status Active
Object Status Active		Date 11/19/98	Manufacturer LATTNER	A.S.M.E. Code Stamped S Yes <input type="checkbox"/> No <input type="checkbox"/>	Specific Location BOILER ROOM GRNDF
Type-Object Water Tank <input type="checkbox"/> Other <input type="checkbox"/>		FT <input type="checkbox"/> WT <input type="checkbox"/> CR <input type="checkbox"/> Air Tank <input type="checkbox"/>	Use Power <input type="checkbox"/> Process <input type="checkbox"/> Steam Heat <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/>	Heat Exchange <input type="checkbox"/> Other <input type="checkbox"/>	
Year Built 1997	Year Inst	Fuel Gas	UFPV Dimensions/Size	Method of Firing Auto	
Pressure High <input type="checkbox"/> Low <input type="checkbox"/>	M.A.W.P. 125	Power Boiler Heating Surface 29.7	Min. Relieving Capacity Required 414		
Certificate Insp Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date Inspected 11/19/98	Next Due Date 11/19/99	Kind of Inspection Int <input checked="" type="checkbox"/> Ext <input type="checkbox"/>		
Pressure Observed 7.7	Safety/Relief Valve Set At 125	Total Capacity of Safety/Relief Valve 712			
Safety/Relief Valve Tested Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Capacity Adequate Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Lower Water Cut-Off Float <input checked="" type="checkbox"/> Probe <input type="checkbox"/> Flow <input type="checkbox"/>	Tested Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is Certificate Posted Yes <input type="checkbox"/> No <input type="checkbox"/>	High Limit Control Temp <input type="checkbox"/> Pressure <input checked="" type="checkbox"/>	Tested Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is Condition of Object Such That A Certificate May be Issued: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If No Explain Fully Under Code Violations)					

List Code Violations

2ND LOW WATER CUT-OFF NOT INSTALLED

Requirements

INSTALL 2ND LOW WATER CUT-OFF

I Certify This Is A True Report Of My Inspection

Inspector's Signature

Illinois Commission Number

1439

CUSTOMER NO.

00009-2429-32

MAPLE PLAZA CLEANERS
2265 MAPLE AVE.
DOWNERS GROVE IL 60515

817 468 6600 DAVE MATOUSEK

11/10/01

CREDIT CODE 37 04
PREVIOUS BALANCE.001890356
BAL OVER 60 DAYS

PAGE 17-1

BUSINESS TYPE CHAIN OUTER COUNTY SVC. P/C PROD. P
07 0000 NO 0113 000
LOCATION TAX EXEMPTION NO.

503401

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
11/10/01	479		788-852-7670	1-4-210-2050					0675

DEPT	SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SOH DATE (YR/MO)	INV CODE	PROMO NO.
00	100001		2.0000						XX XX		0				
04	55360	46	132.0000	2	192.00		192.00		2 2	1	12626	12			
00	55367	46	132.0000	1	96.00		96.00		1 1	1	12627	12			

TOTAL-SERVICE/PRODUCTS

288.00

CHECK APPROPRIATE BOXES

MACHINE CONDITION & CLEANLINESS

GOOD POOR

☐ ☐

DECALS IN PLACE AND LEGIBLE

YES NO

☒ ☐

MACHINE PROPERLY GROUNDED

YES NO

☐ ☐

LAMP ASSEMBLY CONDITION

☐ ☐

FUSIBLE LINK INSTALLED

☐ ☐

LOCAL PHONE NO. STICKER AFFIXED TO MACHINE

☐ ☐

EMERGENCY CLOSING OF LID UNOBSTRUCTED

☐ ☐

SPENT SOLVENT MEETS ACCEPTANCE CRITERIA

☐ ☐

USEPA TRANSPORTER 1 ID NO. USEPA TRANSPORTER 2 ID NO. GENERATOR USEPA ID NO. GENERATOR STATE ID NO.

SC0000075150

CESQC

CESQC

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE TETRACHLOROETHYLENE, 6.1 UN1897 PG III
(F002, D039, D040) (ERG#160) 13#/GAL FILTERS
RQ WASTE TETRACHLOROETHYLENE 6.1 UN1897
PGIII (ERG#160) (F002 D007 D039 D040)

12 CONTAINERS NO.

TYPE

TOTAL QUANTITY

14. UNIT WT/VOL

SK DOT NUMBER

2

DF

12

G

12626

1

DF

15

G

12627

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES

0 TO 220 LBS/MONTH

INITIALS

220 LBS. TO 2,200 LBS/MONTH

INITIALS

GREATER THAN 2,200 LBS/MONTH

INITIALS

INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

SAFETY-KLEEN SYSTEMS, INC.
ELGIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.

USA EPA ID NO.

ILD000805911

STATE ID NO.

0314380001

CASH ☐

TOTAL RECEIVED

APPLY PAYMENT TO:

CHECK NUMBER

☐ TODAY'S SERVICE/SALE☐ PREVIOUS BALANCE AS FOLLOWS

INVOICE #

AMOUNT \$

INVOICE #

AMOUNT \$

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO.

AMEX
VISA
MC

EXP. DATE

CUSTOMER REFERENCE

MANIFEST NO.

XXXXX

LDR MESSAGE

LDR NOT REQ'D

MANIFEST CODE

SEQ #

DP

2 D

IN THE EVENT OF AN
EMERGENCY CALL

1-800-468-1750 (24 hours)

I PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

*This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Print Customer Name

By:

Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)

WASTE MIN. (FROM ABOVE)

TOTAL DUE

DO NOT WRITE IN THE AREA BELOW

0018903562

0009-2429-32 -1

CUSTOMER NO.

FOR SERVICE CALL

ORIGINATOR

SERVICE FEE

SERIAL

000389003

847 419-6600

FD. GUGI TELMI

11/04/00

00-31

04

000389003

CREDIT CODE

PREVIOUS BALANCE

BAL OVER 60 DAYS

BUSINESS TYPE

CHAIN

OUTER COUNTY

SVC. P/C

PROD.

07

N7

NO

113

00

LOCATION

TAX EXEMPTION NO.

503406

MAPLE PLAZA CLEANERS
2465 MAPLE AVE.
DOWNERS GROVE IL 60515

17-2

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
9/2/00	1732		708-452-7670	14-210-2052	00				.0675

DEPT	SERVICE/ PRODUCT	SERIAL NUMBER	REMARKS/ UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM (INITIALS)	CHANGE SCH DATE (DD MM)	INV. CODE	PROMO NO.
									1 CLEAN SPENT	2 OF CONT	SK DOT						
00	55310		91.0000	1	91.00		91.00		1	1	2	12626	12				
00	55367		91.0000	1	91.00		91.00		1	1	2	12627	12				
00	100092		2.9000						XX	XX			0				

TOTAL-SERVICE/PRODUCTS

282.00

CHECK APPROPRIATE BOXES

MACHINE CONDITION & CLEANLINESS
LAMP ASSEMBLY CONDITION

GOOD POOR
☐ ☐
☐ ☐

DECALS IN PLACE AND LEGIBLE
FUSIBLE LINK INSTALLED
EMERGENCY CLOSING OF LID UNOBSTRUCTED

YES NO
☒ ☐
☐ ☐
☐ ☐

MACHINE PROPERLY GROUNDED
LOCAL PHONE NO. STICKER AFFIXED TO MACHINE
SPENT SOLVENT MEETS ACCEPTANCE CRITERIA

YES NO
☒ ☐
☐ ☐
☒ ☐

USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.
SC0000924150		CES06	CES06

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)

WASTE TETRACHLOROETHYLENE, L.L. UNL877 PG III (F002, 0019, 0040) (F00110) 114/GAL FILTERS

NO WASTE TETRACHLOROETHYLENE L.L. UNL877 PGIII (F00110) (F002 0007 0019 0040)

12 CONTAINERS NO. TYPE

13 TOTAL QUANTITY

14 UNIT WT/VOL

SK DOT NUMBER

15

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES
0 TO 220 LBS/MONTH
INITIALS
220 LBS. TO 2,200 LBS/MONTH
INITIALS
GREATER THAN 2,200 LBS/MONTH
INITIALS

DESIGNATED FACILITY NAME AND ADDRESS

SAFFITY KIFEN SYSTEMS INC
FLCIN IL 60120

I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS

USA EPA ID NO. IL0000805911
STATE ID NO. 0314380001

PAYMENT CASH CHECK CREDIT CARD DEBIT CARD PREVIOUS CREDIT CARD	CASH <input type="checkbox"/>	TOTAL RECEIVED		APPLY PAYMENT TO:	
	CHECK NUMBER			<input type="checkbox"/> TODAY'S SERVICE/SALE	<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$	

MANIFEST NO.	
XXXXX	
LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
0P	76

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS

"This is to certify that the above named materials are properly classified, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation"

Print Customer Name

By: Yoon +
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	WASTE MIN. (FROM ABOVE)
TOTAL DUE	182.00

DO NOT WRITE IN THE AREA BELOW

0003890034
0009-2429-32 -1

IN THE EVENT OF AN EMERGENCY CALL
1-800-468-1760 (24 hours)

000201701:

CREDIT CODE	PREVIOUS BALANCE		BAL. OVER 60 DAYS	
C				
BUSINESS TYPE	CHAIN	OUTER COUNTRY	SVC. P/C	PROD. P.
07	NO	NO	140	00
LOCATION		TAX EXEMPTION NO.		
503401				

17-3

SERVICE DATE	SALES REP NO.	CUSTOMER P.O. NUMBER	CUSTOMER PHONE #	TAX CODE	HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX
3-21-1985	25463		778-852-7676	14-210-2052		00			.0675

[illegible]

TOTAL SERVICE/PRODUCTS		3	275	275	10	CHECK APPROPRIATE BOXES	MACHINE CONDITION & CLEANLINESS	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
USEPA TRANSPORTER 1 ID NO.	USEPA TRANSPORTER 2 ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.			→	LAMP ASSEMBLY CONDITION			FUSIBLE LINK INSTALLED			LOCAL PHONE NO. STICKER AFFIXED TO MACHINE		
110844908202		CE500								EMERGENCY CLOSING OF LID UNOBSTRUCTED			SPENT SOLVENT MEETS ACCEPTANCE CRITERIA		

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12 CONTAINERS NO.	13 TYPE	13 TOTAL QUANTITY	14 UNIT WT/VOL	SK DOT NUMBER	9113059
HASTE TETRACHLOROETHYLENE, L.I UN1897 PGIII (ERG#161) 13A/GAL FILTERS (F002,D039,D040)	02	DF	00012	G	12626	2
HASTE TETRACHLOROETHYLENE, L.I UN1897 PGIII RQ(10 LBS) (ERG#166) 13 LBS/GAL (F002,D007,D039,D040)	01	DF	00015	G	12627	1

I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:

0 TO 220 LBS/MONTH
V.L.K.
INITIALS

220 LBS. TO 2,200 LBS/MONTH

INITIALS

GREATER THAN 2,200 LBS/MONTH

INITIALS

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY KLFEN SYSTEMS INC	I CERTIFY THAT NO MATERIAL CHANGE HAS OCCURRED EITHER IN THE CHARACTERISTICS OF THE WASTE MATERIALS OR IN THE PROCESS GENERATING THE WASTE MATERIALS.	USA EPA ID NO.	1100000075911
1500 E VILLA ST	ELGIN IL 60120		STATE ID NO.	0314380001

PAYMENT RECEIVED	CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:	
	CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE	
			<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS	
	INVOICE #	AMOUNT \$	INVOICE #	AMOUNT \$
	PREVIOUS CREDIT CARD NO.			
CREDIT CARD NO.		AMEX VISA MC	EXP. DATE	
CUSTOMER REFERENCE				

MANIFEST NO.	
XXXXXX	
LDR MESSAGE	
LDR NOT REQ'D	
MANIFEST CODE	SEQ #
OP	32

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

*This is to certify that the above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation *

Print Customer Name Yoon Kang

By: [Signature]
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE)	275.00
WASTE MIN. (FROM ABOVE)	1.00
TOTAL DUE	275.00

DO NOT WRITE IN THE AREA BELOW

0002017014

0707-2424-32 -1

IN THE EVENT OF AN
EMERGENCY CALL

1-800-468-1760 (24 hours)

APPLE PLAZA CLEANERS
265 MAPLE AVE.
CHICAGO, ILL 60615
17-5
1660

DATE 03/27/99
TIME 04:04
446055
BUSINESS TYPE 07
CHAIN NO
OUTER NO
SVC. PIC 104
PROD. PIC 001
TAX EXEMPTION NO.

SALES REP NO. 108-852-7670
CUSTOMER P.O. NUMBER 14-210-2052
TAX CODE 14-210-2052
HANDLING CODE
ASSOC. CODE
SERVICE TAX 0.0675
C.O.M.S. TAX
PRODUCT TAX

SERVICE/PRODUCT	SERIAL NUMBER	REMARKS/UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN	SOLVENT/DRUMS	CC	SERVICE TERM	CHANGE SERVICE TERM	CHANGE INV. DATE	PROMO NO.	MSDS GIVEN
5360		83.0000						2	906	12				
5367		83.0000	2	1660				2	11660	12				

MANIFEST NO. 1
USEPA TRANSPORTER ID NO. ILD964908202
GENERATOR USEPA ID NO. 1660
GENERATOR STATE ID NO. 1660
CHECK APPROPRIATE BOXES
MACHINE CONDITION
LAMP ASSEMBLY
EMERGENCY CLOSING
OF UNRESTRICTED

US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)
TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002, D039)
G#160(13#/GAL FILTERS
WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III
D02, D039, D040) (ERG#160) 13 LBS/GAL

SIGNATURE FACILITY NAME AND ADDRESS
000 VILLA STREET
ELGIN, IL 60120
SAFETY-KLEEN SYSTEMS, INC.
USA EPA ID NO. ILD000805911
STATE ID NO. 0314380001

CASH ☐ TOTAL RECEIVED
CHECK NUMBER
AMOUNT \$
INVOICE #
AMOUNT \$
INVOICE #
AMOUNT \$
LDR NOT REQ'D
DP
2 D

IN THE EVENT OF AN EMERGENCY CALL
446055
5-034-51-1236-7
DO NOT WRITE IN THE AREA BELOW

Maple Plaza Cleaners
2265 Maple Ave.
Downers Grove IL 60515

5 - 0 3 4 - 5 1 - 1 2 3 6

FOR SERVICE CALL: 847 465-6510
BRANCH MANAGER: ED GUGLIELMI
LOC. EXP: 04/04/98
SERVICE WEEK: 38-05
TERMINAL: 14
NUMBER: 690167

CREDIT CODE: 1
PREVIOUS BALANCE: 0
BAL. OVER 60 DAYS: 0

BUSINESS TYPE: 1
CHAIN: 401
OUTER COUNTY: 0
SVC. P/C: 112
PROD. P/C: 011

LOCATION: 503461
TAX EXEMPTION NO.: 0

SERVICE DATE: 3/19/88
SALES REP NO.: 1088
CUSTOMER P.O. NUMBER: 708-852-7670
CUSTOMER PHONE #: 84-260-2052
TAX CODE: 14-260-2052
HANDLING CODE: 0
ASSOC. CODE: 0
SERVICE TAX: 0
C.O.M.S. TAX: 0
PRODUCT TAX: 0.0675

PT	SERVICE/PRODUCT	SERIAL NUMBER	UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS				CC	SERVICE TERM	CHANGE SERVICE TERM (WEEKS)	CHANGE SCH. DATE (YY MM)	INV. CODE	PROMO NO.		MSI GIVE
									CLEAN	SPEN	TO CONT	SK DOT								
	055360		166	2			166		2	2	3	906		12						
	055367		166	2			166		2	2	1	944		12						
TOTAL SERVICE/PRODUCTS									332											

MANIFEST NO.: 1628970
USEPA TRANSPORTER ID NO.: IL0984408202
GENERATOR USEPA ID NO.: IL09844832626
GENERATOR STATE ID NO.: 043030032A

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)
WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002,0039)
ERG#160)13#/GAL FILTERS
WASTE TETRACHLOROETHYLENE 6.1 UN1897 PG III (F002,0007,0008) (0039,0040) (ERG#160)13 LBS/GAL

12. CONTAINERS NO. 2
13. TOTAL QUANTITY 12
14. UNIT WT/VOL G
SK DOT NUMBER 906

15. I CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES:
0 TO 220 LBS/MONTH
220 LBS. TO 2,200 LBS/MONTH
GREATER THAN 2,200 LBS/MONTH

DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN CORP., ELGIN, IL 60120
USA EPA ID NO.: IL00000505911
STATE ID NO.: J314380001

CASH: ☐ TOTAL RECEIVED: ☐ APPLY PAYMENT TO: ☐ TODAY'S SERVICE/SALE ☐ PREVIOUS BALANCE AS FOLLOWS ☐

INVOICE # AMOUNT \$ INVOICE # AMOUNT \$

PREVIOUS CREDIT CARD NO. AMEX VISA MC EXP. DATE

CUSTOMER REFERENCE INFORMATION

LDR MESSAGE: LDR REQ'D
MANIFEST CODE: IL SEQ #: 33

IN THE EVENT OF AN EMERGENCY CALL 1-800-408-1760 (24 hours)

I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS.

Yoon Hyun Kwon
Customer's Authorized Representative

TOTAL CHARGE (FROM ABOVE): 332-
WASTE MIN. (FROM ABOVE):
TOTAL DUE: 332-
DO NOT WRITE IN THE AREA BELOW:
690167
6-174-51-1234-7

SERVICE AND SALES ACKNOWLEDGMENT

100

CREDIT CODE	PREVIOUS BALANCE		BAL. OVER 60 DA.	
BUSINESS TYPE	CHAIN	OUTER COUNTY	SVC. P/C	PROD. P.
LOCATION		TAX EXEMPTION NO.		

17-10

[illegible]

TOTAL SERVICE/PRODUCTS				207		CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO
MANIFEST NO.	USEPA TRANSPORTER ID NO.	GENERATOR USEPA ID NO.	GENERATOR STATE ID NO.		→	MACHINE CONDITION & CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>	FUSIBLE LINK INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	LOCAL PHONE NO. STICKER AFFIXED TO MACHINE	<input type="checkbox"/>	<input type="checkbox"/>
8121660	IL0944101352	IL0944932626	0430300023			LAMP ASSEMBLY CONDITION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EMERGENCY CLOSING OF LID UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	12. CONTAINERS NO.	13. TYPE	14. TOTAL QUANTITY	15. UNIT WT/VOL	16. SK DOT NUMBER	17. 0	18. 1	19. 2	20. 3	21. 4	22. 5	23. 6	24. 7	25. 8	26. 9	27. 0	28. 1	29. 2	30. 3	31. 4	32. 5	33. 6	34. 7	35. 8	36. 9	37. 0	38. 1	39. 2	40. 3	41. 4	42. 5	43. 6	44. 7	45. 8	46. 9	47. 0	48. 1	49. 2	50. 3	51. 4	52. 5	53. 6	54. 7	55. 8	56. 9	57. 0	58. 1	59. 2	60. 3	61. 4	62. 5	63. 6	64. 7	65. 8	66. 9	67. 0	68. 1	69. 2	70. 3	71. 4	72. 5	73. 6	74. 7	75. 8	76. 9	77. 0	78. 1	79. 2	80. 3	81. 4	82. 5	83. 6	84. 7	85. 8	86. 9	87. 0	88. 1	89. 2	90. 3	91. 4	92. 5	93. 6	94. 7	95. 8	96. 9	97. 0	98. 1	99. 2	100. 3	101. 4	102. 5	103. 6	104. 7	105. 8	106. 9	107. 0	108. 1	109. 2	110. 3	111. 4	112. 5	113. 6	114. 7	115. 8	116. 9	117. 0	118. 1	119. 2	120. 3	121. 4	122. 5	123. 6	124. 7	125. 8	126. 9	127. 0	128. 1	129. 2	130. 3	131. 4	132. 5	133. 6	134. 7	135. 8	136. 9	137. 0	138. 1	139. 2	140. 3	141. 4	142. 5	143. 6	144. 7	145. 8	146. 9	147. 0	148. 1	149. 2	150. 3	151. 4	152. 5	153. 6	154. 7	155. 8	156. 9	157. 0	158. 1	159. 2	160. 3	161. 4	162. 5	163. 6	164. 7	165. 8	166. 9	167. 0	168. 1	169. 2	170. 3	171. 4	172. 5	173. 6	174. 7	175. 8	176. 9	177. 0	178. 1	179. 2	180. 3	181. 4	182. 5	183. 6	184. 7	185. 8	186. 9	187. 0	188. 1	189. 2	190. 3	191. 4	192. 5	193. 6	194. 7	195. 8	196. 9	197. 0	198. 1	199. 2	200. 3	201. 4	202. 5	203. 6	204. 7	205. 8	206. 9	207. 0	208. 1	209. 2	210. 3	211. 4	212. 5	213. 6	214. 7	215. 8	216. 9	217. 0	218. 1	219. 2	220. 3	221. 4	222. 5	223. 6	224. 7	225. 8	226. 9	227. 0	228. 1	229. 2	230. 3	231. 4	232. 5	233. 6	234. 7	235. 8	236. 9	237. 0	238. 1	239. 2	240. 3	241. 4	242. 5	243. 6	244. 7	245. 8	246. 9	247. 0	248. 1	249. 2	250. 3	251. 4	252. 5	253. 6	254. 7	255. 8	256. 9	257. 0	258. 1	259. 2	260. 3	261. 4	262. 5	263. 6	264. 7	265. 8	266. 9	267. 0	268. 1	269. 2	270. 3	271. 4	272. 5	273. 6	274. 7	275. 8	276. 9	277. 0	278. 1	279. 2	280. 3	281. 4	282. 5	283. 6	284. 7	285. 8	286. 9	287. 0	288. 1	289. 2	290. 3	291. 4	292. 5	293. 6	294. 7	295. 8	296. 9	297. 0	298. 1	299. 2	300. 3	301. 4	302. 5	303. 6	304. 7	305. 8	306. 9	307. 0	308. 1	309. 2	310. 3	311. 4	312. 5	313. 6	314. 7	315. 8	316. 9	317. 0	318. 1	319. 2	320. 3	321. 4	322. 5	323. 6	324. 7	325. 8	326. 9	327. 0	328. 1	329. 2	330. 3	331. 4	332. 5	333. 6	334. 7	335. 8	336. 9	337. 0	338. 1	339. 2	340. 3	341. 4	342. 5	343. 6	344. 7	345. 8	346. 9	347. 0	348. 1	349. 2	350. 3	351. 4	352. 5	353. 6	354. 7	355. 8	356. 9
--	--------------------	----------	--------------------	-----------------	-------------------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------

DESIGNATED FACILITY NAME AND ADDRESS	SAFETY-KLEEN CORP.	USA EPA ID NO.	IL 0000000001
1500 VILLA STREET	ELGIN, IL 60120	STATE ID NO.	0000000001

CASH <input type="checkbox"/> CHECK NUMBER	TOTAL RECEIVED	APPLY PAYMENT TO: <input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT. PLEASE CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION. THE INDIVIDUAL SIGNING THIS DOCUMENT IS DULY AUTHORIZED TO SIGN AND BIND CUSTOMER TO ITS TERMS. <small>*This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.*</small>	TOTAL CHARGE (FROM ABOVE)
INVOICE # AMOUNT \$	INVOICE # AMOUNT \$	LDR MESSAGE LDR REQ'D		WASTE MIN. (FROM ABOVE)	
PREVIOUS CREDIT CARD NO.	CREDIT CARD NO.	AMEX VISA MC	EXP. DATE	TOTAL DUE	
PER REFERENCE:				DO NOT WRITE IN THE AREA BELOW	

SERVICE AND SALES ACKNOWLEDGMENT

Elgin, Illinois 60123-7857
CUSTOMER NO. 5 0 3 4 1 1 1 1
~~2265 MAPLE AVE.~~ **MAPLE PLAZA CLEANERS**
~~DOWNERS GROVE IL 60015~~

FOR SERVICE CALL	TRANSPORTER	DOC. EXP.	SCHEDULED SERVICE WEEK	SCHEDULED TERRITORY	REFERENCE NUMBER
197 465-6515	CO. QUALITY	07/01/97	17-11	1	5000
CREDIT CODE			PREV. BALANCE	BAL. OVER 90 DAYS	
BUSINESS TYPE			CHAIN	OUTER COUNTY	SVC. P/C
TAX EXEMPTION NUMBER					

SERVICE DATE	SALES REP NO	CUSTOMER P.O. NUMBER		CUSTOMER PHONE #		TAX CODE		HANDLING CODE	ASSOC CODE	SERVICE TAX	C.O.M.S. TAX	PRODUCT TAX						
7/21/97				708-452-7570		14-000-0000												
DEPT	SERVICE/PRODUCT	SERIAL NUMBER	UNIT PRICE	QUAN	CHARGE	SALES TAX	TOTAL CHARGE	WASTE MIN.	SOLVENT/DRUMS			CC	SERVICE TERM	CHANGE SERVICE TERM INITIALS	CHANGE SCH DATE INITIALS	INV CODE	PROMO NO.	
									COLLECTED	# OF CONT.	SK DOT							
10	55360		107.70		107.70		107.70		12	1	12		12	12				
10	55367		30.00		30.00		30.00		8	1	12		12	12				
			68.00															
			58.30															

TOTAL SERVICE/PRODUCTS				137.70	137.70	CHECK APPROPRIATE BOXES	GOOD	POOR	DECALS IN PLACE AND LEGIBLE	YES	NO	MACHINE PROPERLY GROUNDED	YES	NO	
MANIFEST NO. 12				USEPA TRANSPORTER ID NO. 110984	GENERATOR USEPA ID NO. 12098482626	GENERATOR STATE ID NO. 2430	MACHINE CONDITION & CLEANLINESS		FUSIBLE LINK INSTALLED			LOCAL PHONE NO. STICKER AFFIXED TO MACHINE			
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)				12. CONTAINERS NO. TYPE				13. TOTAL QUANTITY				14. UNIT WT/VOL			
WASTE TETRACHLOROETHYLENE 6.1 UNL897 PG III (FLUP, D008) (ERG#160) 13#/GAL				1				DH				12			
WASTE TETRACHLOROETHYLENE 6.1 UNL897 PG I (FLUP, D007, D008) (D039, D040) (ERG#160) 13 LBS/GAL				1				DH				8			

DESIGNATED FACILITY NAME AND ADDRESS 3500 VILLA STREET ELGIN, IL 60120				SAFETY-KLEEN CORP. IL 60120				USA EPA ID NO. STATE ID NO.			
CASH <input type="checkbox"/>		TOTAL RECEIVED		APPLY PAYMENT TO:		LDR MESSAGE		I AGREE TO PAY THE ABOVE CHARGES AND TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH ABOVE AND ON THE REVERSE SIDE OF THIS DOCUMENT.		TOTAL CHARGE (FROM ABOVE)	
CHECK NUMBER				<input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS		LDR REQ'D		THIS IS TO CERTIFY THAT THE ABOVE-NAMED MATERIALS ARE PROPERLY CLASSIFIED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.		WASTE MIN. (FROM ABOVE)	
INVOICE #		AMOUNT \$		INVOICE #		AMOUNT \$		Print Customer Name		TOTAL DUE	
PREVIOUS CREDIT CARD NO.								Customer's Authorized Representative			
EXP. DATE											
CUSTOMER REFERENCE											



1000 North Randall Road
Elgin, Illinois 60123

WE CARE, CONSUMER EDUCATION / ENVIRONMENTAL COST RECOVERY PROGRAM SIGN UP / PLACEMENT FORM

GENERATOR
LOCATION

BILL TO (IF DIFFERENT FROM LOCATION)

P 183855

NAME: MAPLE VIKRA CLEANERS	
DELIVERY ADDRESS: 2265 MAPLE	
INFORMATION/ATTENTION LINE: DWANERS GROVE IL	
CITY & STATE:	
ZIP: 60121	TAX CODE:
GENERATOR USA EPA ID. NO. CESGG	GENERATOR STATE ID. NO.:

NAME: (IF DIFFERENT FROM LOCATION)	
DELIVERY ADDRESS:	
INFORMATION/ATTENTION LINE:	
CITY & STATE:	
ZIP:	TAX CODE:

PROGRAM SIGN-UP

SIGN-UP DATE	SALES REPRESENTATIVE'S NUMBER	INTERVAL	FOLLOW-UP CALL	BRANCH NUMBER
1/27/99	71391			SC-901

CURRENT SALE TO NEW CUSTOMER'S	COMMENTS
51-1236	

WE CARE PROGRAM CHECK-OFF SECTION

Check all boxes that apply by having the customer initial in the box. For any boxes that do not apply, have the customer enter "NA" (Not Applicable).

	CUSTOMER'S INITIALS	PART NO'S.	QUANTITY
1. A WE CARE sign is displayed in the window of this business.	/		
2. A WE CARE wall poster has been displayed on a wall in this business.	/		
3. A WE CARE counter card/counter mat has been set up in this business.	/		
4. The WE CARE program/concept has been fully explained.			
5. This business utilizes an itemized voluntary environmental fee on consumer orders/invoices. (Enter "N/A" if this business will not be using such a fee.)			
6. All appropriate employees will be informed/trained on WE CARE.			



DISCLAIMER/CUSTOMER ACKNOWLEDGEMENT AREA

SEE REVERSE SIDE FOR ADDITIONAL TERMS

I have read this placement form and I understand all of its terms. I also understand that the WE CARE program is a consumer education program that is provided to this business by a representative of Safety-Kleen Corp. and that this program is intended to be used as a tool to educate consumers of this company's efforts to properly recycle various waste materials. This consumer education program can also be utilized to request from consumers a cost recovery fee that is directly associated with the work performed for the consumer and that various states may regulate the amount that can be requested from the consumer. The WE CARE literature expressly notes to consumers that the fee a business may request from a consumer is intended to be a voluntary fee only.

CUSTOMER SIGNATURE

SALES REPRESENTATIVE SIGNATURE

17-17

NAME MAPLE PINZA ONE HUBER

DELIVERY ADDRESS 23 REEF 21 W 265 MAPLE

INFORMATION/ATTENTION LINE _____

CITY & STATE DOWNEY IL 60515

ZIP 60515 TAX CODE _____

GENERATOR USA EPA ID. NO. _____ GENERATOR STATE ID. NO. _____

NAME _____

DELIVERY ADDRESS _____

INFORMATION/ATTENTION LINE _____

CITY & STATE _____

ZIP _____ TAX CODE _____

SERVICE SIGN-UP

SIGN-UP DATE <u>6/23/10</u>	SALESMAN'S NO. <u>1088</u>	BUSINESS TYPE	CUSTOMER TELEPHONE NO. <u>708</u>	SALES TAX EXEMPTION NO.	CUSTOMER P.O. NUMBER <input type="checkbox"/> BLANKET <input type="checkbox"/> TEMPORARY
SERVICE INTERVAL <u>8</u> WEEKS	HANDLING CODE	CREDIT CODE	SVC. TAX	PROD. TAX	BRANCH NO. <u>5-031-01</u>
CHAIN	CART. P/S	BOT P/S	PROD. P/S	ASSOCIATION	

SERVICE AGREEMENT

FOR OFFICE USE ONLY

- Safety-Kleen agrees to collect and treat, in accordance with applicable federal and state regulations, those quantities of filter cartridges, filter powder and still residues containing perchloroethylene, petroleum naptha or trichloroethylene dry cleaning solvents (herein "Wastes") set forth below and generated by customer in its dry cleaning operation at the above address.
- Customer agrees to store its Wastes in containers provided by Safety-Kleen and agrees not to mix its Wastes together or with other materials. Customer agrees to indemnify Safety-Kleen against all claims, demands and losses incurred as a result of the failure of customer so to do, or as a result of any release by customer of Wastes on the premises of customer. Customer agrees that all Wastes generated by it during the term of this agreement will be collected and treated solely by Safety-Kleen.
- All storage equipment and containers provided by Safety-Kleen shall be and remain the property of Safety-Kleen, and upon termination of this agreement shall be returned to Safety-Kleen in good repair and operating condition.
- Customer agrees to the following initial waste recycling and container fees, which are subject without limitation to change by Safety-Kleen at any time or from time to time during the term of this agreement upon not less than thirty (30) days prior written notice to customer:

PERCHLOROETHYLENE	ANNUAL ESTIMATES			CONTAINER FEES			
PETROLEUM	WASTE QUANTITY	RECYCLING FEE	FEE	DRUM TYPE	QUANTITY	FEE	EXTENSION
TRICHLOROETHYLENE							
1, 1, 1							
STANDARD CARTRIDGES			Ea.				
JUMBO CARTRIDGES			Ea.				
SPLIT CARTRIDGES			Ea.				
STILL RESIDUE			Ea.				
TOTAL ANNUAL ESTIMATE				CARTRIDGE CAPACITY	DRUMS ON HAND	SUB TOTAL	
						TAX	
						TOTAL	

- To the extent Customer also purchases dry cleaning solvents from Safety-Kleen, the parties agree that this agreement is intended to satisfy the requirements of 40 Code of Federal Regulations 262.20(e), as amended, and any state regulations which implement said provision. Customer agrees to keep this form on file for 3 years from the date of last service.
- Safety-Kleen has the capacity and is permitted to accept, store and reclaim the spent solvents described on this document.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	PRICE	UNIT OF MEASURE	QUANTITY	INV. CODE	SALES AMOUNT
<u>10012</u>		<u>100</u>		<u>1</u>		<u>100</u>

PAYMENT RECEIVED SECTION

CASH ☐ TOTAL RECEIVED _____ APPLY PAYMENT TO: _____

CHECK NUMBER _____ ☐ TODAY'S SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INV. # _____ AMOUNT \$ _____

INV. # _____ AMOUNT \$ _____

PRODUCT TOTALS →

NAME	TITLE	SIGN

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 15% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X [Signature] CUSTOMER SIGNATURE

PRODUCT TAX	17-21
TOTAL PRODUCT CHARGE	
TOTAL CONTAINER CHARGES (FROM ABOVE)	
TOTAL DUE	<u>100</u>

X [Signature] DRIVERS SIGNATURE



DRY CLEANER SERVICE
777 Big Timber Road • Elgin, Illinois 60123

DUNS NO. 05106-0408
FED. ID NO. 39-6090019

DRY CLEANING MANAGER ORDER

CUSTOMER
GENERATOR

5-134-51-
CUSTOMER NUMBER
NAME
ADDRESS
CITY/STATE
ZIP

MANIFEST NUMBER
CUSTOMER NUMBER
NAME
ADDRESS
CITY/STATE
ZIP

M3460

SERVICE DATE	SALESMAN'S NO.	CUSTOMER P.O. NUMBER	SALES TAX EXEMPTION NO.	SVC TAX %	PROD. TAX %	CART. P/S	BOT. P/S	PROD. P/S	SERVICE INTERVAL
	DXS								

UNIFORM HAZARDOUS WASTE MANIFEST INFORMATION

CONTAINERS			This is to certify that the below-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation		USEPA TRANSPORTER ID# ILD051060408	I certify that my total waste streams are within one of the following categories:	
NO. OF	NO. DM.	NO. DF	TOTAL LBS. OR GAL.	US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.)	PRODUCT NO'S	1202, 1210	0 to 220 LBS /MONTH
				RO Waste Tetrachloroethylene 6.1 UN1897 PG III (EPA: F002) (ERG #74)	PRODUCT NO	1204, 1211	220 LBS to 2,200 LBS /MONTH
				RO Waste Combustible Liquid, N.O.S. (MINERAL SPIRITS) NA1993 PG III (EPA: D001, D039) (ERG #27)	PRODUCT NO	1209	GREATER THAN 2,200 LBS /MONTH
				Hazardous Waste, Liquid, N.O.S. (Trichlorotrifluoroethane) 9 NA3082 PG III (EPA: F002) (ERG #31)	PRODUCT NO	83358	
				Waste 1,1,1-Trichloroethane, 6.1 UN2831 PG III (EPA: F002) (ERG #74)			
DESIGNATED FACILITY NAME AND ADDRESS: SAFETY-KLEEN 1501 W. 11th St. Elgin, IL 60120					USA EPA ID NO. 05106-0408	SPENT SOLVENT MEETS ACCEPTANCE CRITERIA YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

SERVICE SALES SECTION

SERVICE NUMBER	DESCRIPTION	SERVICE CHARGE	UNIT OF MEASURE	QUANTITY RETURNED	LINE TOTAL
12000	WASTE				
12012	WASTE				

GENERATOR USA EPA ID NO.	GENERATOR STATE ID NO.	SERVICE CHARGES
		TAX
		TOTAL SERVICE CHARGE

PRODUCT SALES SECTION

PART NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	UNIT OF MEASURE	QUANTITY	INV CODE	LINE TOTAL
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

NAME	TITLE	SIGN	NAME (CHANGE)	TITLE	SIGN	DRUMS ON HAND	PRODUCT TAX
1			1				TOTAL PRODUCT CHARGE
2			2				TOTAL SERVICE CHARGE (FROM ABOVE)
							TOTAL DUE

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS
INV. #	AMOUNT \$	
INV. #	AMOUNT \$	

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1 1/4% PER MONTH (15% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS.

IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X	DRIVER'S SIGNATURE	GENERATOR/DESIGNATED REPRESENTATIVE SIGNATURE	PRINT NAME
---	--------------------	---	------------

17-19

CUSTOMER

5-031-51-

CUSTOMER NUMBER

NAME

ADDRESS

CITY/STATE

ZIP

MANIFEST NUMBER

BILL TO

CUSTOMER NUMBER

NAME

ADDRESS

CITY/STATE

ZIP

SERVICE DATE	SALESMAN'S NO.	CUSTOMER P.O. NUMBER	SALES TAX EXEMPTION NO.	SVC. TAX %	PROD. TAX %	CART. -P/S	BGT. -P/S	PROD. -P/S	SERVICE INTERVAL

WASTE INFORMATION SECTION		USEPA TRANSPORTER ID #	CORPORATE ILL984908202	BRANCH	GENERATOR USEPA ID NO	GENERATOR STATE ID NO
11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID)					12. CONTAINERS NO	13. TOTAL QUANTITY
RG Waste Tetrachloroethylene 6.1 UN 1897 PGIII (EPA F002, D007, D039) (ERG #74) RG Waste Composable Liquid, N.O.S. (Petroleum Naptha) NA 1993 PGIII (EPA D001, D039) (ERG #27) Hazardous Waste, Liquid, N.O.S. (Tetrachlorofluoroethane) 9 NA 3082 PGIII (EPA F002) (ERG #31)					PRODUCT NO'S 1202, 1210 1204, 1211 1208 33358	SK DOT NUMBER 506 569 521 513
6.1 UN 2831 PGIII (EPA F002) (ERG #74) Hazardous Waste, Liquid, N.O.S. 9 NA 3082 PGIII (EPA D011) (ERG #31)					PHOTO FIXER SOLUTION	629

DESIGNATED FACILITY NAME AND ADDRESS: *Spry LLC*

USA EPA ID NO. *27-2005500*

STATE ID NO. *02-78000*

SPENT MATERIAL MEETS ACCEPTANCE CRITERIA

YES ☐ NO ☐

SERVICE NUMBER	DESCRIPTION	SERVICE CHARGE	UNIT OF MEASURE	QUANTITY RETURNED	LINE TOTAL
1000	RG Waste Tetrachloroethylene	100		1	100
1001	RG Waste Composable Liquid, N.O.S. (Petroleum Naptha)	100		1	100

SERVICE CHARGES	
TAX	
TOTAL SERVICE CHARGE	

PART NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	UNIT OF MEASURE	QUANTITY	INV CODE	LINE TOTAL
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					

NAME	TITLE	SIGN	NAME (CHANGE)	TITLE	SIGN	DRUMS ON HAND	PRODUCT TAX
1			1				TOTAL PRODUCT CHARGE
2			2				TOTAL SERVICE CHARGE (FROM ABOVE)
							TOTAL DUE

CASH ☐ TOTAL RECEIVED

CHECK NUMBER

APPLY PAYMENT TO

☐ TODAY'S SERVICE/SALE

☐ PREVIOUS BALANCE AS FOLLOWS

INV #

AMOUNT \$

PREVIOUS CREDIT CARD NO.

CREDIT CARD NO.

EXP DATE

AMEX

VISA

MC

CONSUMER REFERENCE INFORMATION

CHARGE MY ACCOUNT FOR THIS TRANSACTION UNLESS OTHERWISE INDICATED IN THE PAYMENT RECEIVED SECTION.

ADDITIONAL TERMS AND CONDITIONS AND OTHER INFORMATION APPEARING ON THE REVERSE SIDE ARE MADE A PART HEREOF.

Print Name

X

GENERATOR/DESIGNED REPRESENTATIVE SIGNATURE

17-20



DRY CLEANER SERVICE

777 Big Timber Road • Elgin, Illinois 60123 GENERATOR
LOCATION

BILL TO (IF DIFFERENT FROM LOCATION)

P 59513

NAME	777 Big Timber Road	NAME	
DELIVERY ADDRESS	777 Big Timber Road	DELIVERY ADDRESS	
INFORMATION/ATTENTION LINE		INFORMATION/ATTENTION LINE	
CITY & STATE	Elgin, IL	CITY & STATE	
ZIP	60123	ZIP	
TAX CODE		TAX CODE	
GENERATOR USA EPA ID. NO.		GENERATOR STATE ID. NO.	

SERVICE SIGN-UP

SIGN-UP DATE	12/95	SALESMAN'S NO.	1088	BUSINESS TYPE		CUSTOMER TELEPHONE NO.	7088527670	SALES TAX EXEMPTION NO.		CUSTOMER P.O. NUMBER	
= BLANKET = TEMPORARY											
SERVICE INTERVAL	WEEKS	HANDLING CODE		CREDIT CODE		SVC. TAX		PROD. TAX		BRANCH NO.	537-01
CHAIN		CART. P/S		BOT P/S		PROD. P/S		ASSOCIATION			

SERVICE AGREEMENT

FOR OFFICE USE ONLY

1. Safety-Kleen agrees to collect and treat, in accordance with applicable federal and state regulations, those quantities of filter cartridges, filter powder and still residues containing perchloroethylene, petroleum naphtha or trifluorotrifluoroethane dry cleaning solvents (herein "Wastes") set forth below and generated by customer in its dry cleaning operation at the above address.
2. Customer agrees to store its Wastes in containers provided by Safety-Kleen and agrees not to mix its Wastes together or with other materials. Customer agrees to indemnify Safety-Kleen against all claims, demands and losses incurred as a result of the failure of customer so to do, or as a result of any release by customer of Wastes on the premises of customer. Customer agrees that all Wastes generated by it during the term of this agreement will be collected and treated solely by Safety-Kleen.
3. All storage equipment and containers provided by Safety-Kleen shall be and remain the property of Safety-Kleen, and upon termination of this agreement shall be returned to Safety-Kleen in good repair and operating condition.
4. Customer agrees to the following initial waste recycling and container fees, which are subject without limitation to change by Safety-Kleen at any time or from time to time during the term of this agreement upon not less than thirty (30) days prior written notice to customer:

PERCHLOROETHYLENE	ANNUAL ESTIMATES	CONTAINER FEES					
PETROLEUM	WASTE QUANTITY	RECYCLING FEE	FEE	DRUM TYPE	QUANTITY	FEE	EXTENSION
TRICHLOROFLUOROETHANE	1. 1						
STANDARD CARTRIDGES			Ea.				
JUMBO CARTRIDGES			Ea.				
SPLIT CARTRIDGES			Ea.				
STILL RESIDUE			Ea.				
TOTAL ANNUAL ESTIMATE		CARTRIDGE CAPACITY		DRUMS ON HAND		SUB TOTAL	
						TAX	
						TOTAL	

5. To the extent Customer also purchases dry cleaning solvents from Safety-Kleen, the parties agree that this agreement is intended to satisfy the requirements of 40 Code of Federal Regulations 262.20(e), as amended, and any state regulations which implement said provision. Customer agrees to keep this form on file for 3 years from the date of last service.

6. Safety-Kleen has the capacity and is permitted to accept, store and reclaim the spent solvents described on this document.

PRODUCT SALES SECTION

PRODUCT NUMBER	DESCRIPTION	PRICE	UNIT OF MEASURE	QUANTITY	INV. CODE	SALES AMOUNT

PAYMENT RECEIVED SECTION

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO:
CHECK NUMBER		<input type="checkbox"/> TODAY'S SERVICE/SALE
		<input type="checkbox"/> PREVIOUS BALANCE AS FOLLOWS

N.V. # _____ AMOUNT \$ _____

I.V. # _____ AMOUNT \$ _____

IN EVENT OF EMERGENCY CALL
1-708-888-4660 (24 hours)

PRODUCT TOTALS →

NAME	TITLE	SIGN

INVOICES ARE SUBJECT TO AN INTEREST CHARGE OF THE LESSER OF 1 1/2% PER MONTH (18% PER ANNUM) OR THE MAXIMUM RATE ALLOWED BY LAW ON ANY UNPAID INVOICES THAT ARE NOT PAID WITHIN 30 DAYS. IN THE EVENT OF DEFAULT, SAFETY-KLEEN SHALL BE ENTITLED TO RECOVER COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES.

X _____
CUSTOMER SIGNATURE

I AGREE TO THE TERMS OF THE ABOVE SERVICE AGREEMENT

PRODUCT TAX	
TOTAL PRODUCT CHARGE	
TOTAL CONTAINER CHARGES (FROM ABOVE)	
TOTAL DUE	17-21

X _____
DRIVERS SIGNATURE

PAGE -19

Number 429

Expiration Date 02-06-11

Enviro-Clean

Environmental Compliance Program for Illinois
Drycleaners

Certifies that

MAPLE PLAZACLEANERS

2265 MAPLE AVE

DOWNERS GROVE IL 60515

has been found to be in compliance with all relevant State of Illinois
and federal environmental regulations and the requirements of the
Drycleaners Environmental Response Trust Fund of Illinois.

00-06-12
Date


ENVIRO-CLEAN Administrator



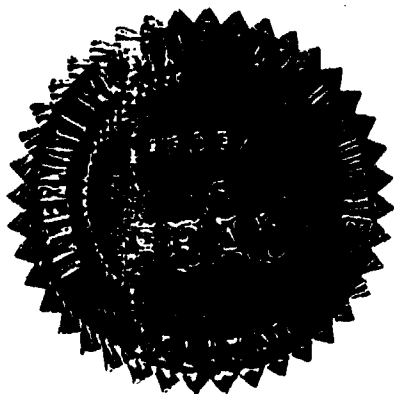
INTERNATIONAL FABRICARE INSTITUTE™

The Association of Professional Drycleaners and Launderers

PAGE - 21

This is to recognize that:

Sung M. Kang



has completed the requirements of
**The Stain Removal Techniques
Self Study Course**

conducted by the
INTERNATIONAL FABRICARE INSTITUTE
12251 Tech Road, Silver Spring, Maryland 20904

December 16, 1998

DIRECTOR OF EDUCATION

EXECUTIVE VICE PRESIDENT

WAUSAU CHEMICAL CORPORATION.

P.O. BOX 953 WAUSAU, WISCONSIN 54402-0953

PHONE 715-842-2285

TOLL FREE 800-950-6656

FAX 715-842-9059

630-852-7670

ROUTE:

SEQUENCE: 339.00

TOTAL WEIGHT:

SOLD TO

MAPLE PLAZA CLEANERS A
2265 MAPLE AVE
DOWNERS GROVE IL 60515

SHIP TO

MAPLE PLAZA CLEANERS
2265 MAPLE AVE
DOWNERS GROVE IL 60515

(HRS: 7AM - 7PM)

OUR ORDER NO.

328564

ORDER DATE

06/05/98

CUSTOMER ACCT. NO.

478510

LOC.

AM

SLSMN.

111

CUSTOMER ORDER NUMBER

SHIP VIA

OUR TRK

FREIGHT COLL./PPD

PPD

INVENTORY NO.

UNIT

HM

DESCRIPTION

QUANTITY

ORDERED

SHIPPED

BACK ORD.

3007 IL

CN

X

TETRACHLORETHYLENE,
G.I. UN1897, PG III, RQ=100 LB
SARA III, SEC 313 REPORTABLE
DOWPER (5 GAL CAN)
INCLUDE ONE MSDS FOR ABOVE ITEM

3

3

EA

*1

1

GL

LAWDLAW FORMULA Z (GAL)

2

2

CS

CAPED CARRIAGE TRADE 136A 500/
(PAINTED) GOLD

1

1

CS

STRUT-REGULAR (250/CS)

2

2

459

M4619

GL

STREETS STATICAL (GAL)

2

2

LA

INCLUDE ONE MSDS FOR ABOVE ITEM

*1

1

PICK UP EMPTY CONTAINERS (CY)

LOAD BY:

DEL'D BY:

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION. FOR CHEMICAL EMERGENCY - SPILLS, LEAK, FIRE EXPOSURE OR ACCIDENT - CALL CHEMTREC 800-424-9300 ANYTIME.

WE HAVE RECEIVED THE ABOVE LISTED MERCHANDISE WITHOUT DAMAGE AND/OR SPILLAGE. WE AGREE TO COMPLY WITH THE SALE TERMS AS INDICATED ON THIS DELIVERY RECEIPT AND ITS RELATED INVOICE.

COMMENTS

SIGNATURE

DATE

6/9/98

ZARDOS
ATERIALS

#	REPORT
1	4x1 Gal.
2	5 Gal.
3	15 Gal.
4	55 Gal. Steel
5	55 Gal. Plastic
6	OTHER

TO: SAFETY-KLEEN CORP.
1500 VILLA STREET
ELGIN,

IL 60120

EPA ID NO. ILD000805911
(DESIGNATED FACILITY)

UNDER MANIFEST/SALES SERVICE NUMBER 15226970 THE GENERATOR NOTED BELOW IS SHIPPING TO YOU WASTE DETERMINED TO BE RESTRICTED UNDER 40 CFR PART 268. IN ACCORDANCE WITH 40 CFR PART 268.7, THE GENERATOR HEREBY PROVIDES NOTICE THAT THE WASTE IS RESTRICTED FROM LAND DISPOSAL. A COPY OF THIS FORM MUST BE KEPT BY THE GENERATOR FOR FIVE (5) YEARS FROM THE DATE OF WASTE SHIPMENT.

WASTE NAME: 906 PERCHLOROETHYLENE PERC FILTERS F002 SKDOT#: 0000906
WASTE CODE(S): F002 D039
TREATABILITY GROUP: NONWASTEWATERS

F001, F002, F003, F004 AND/OR
F005 SPENT SOLVENT WASTES
REGULATED HAZARDOUS CONSTITUENTS

TREATMENT STANDARD CONCENTRATION
(TOTAL MG/L FOR WW, TOTAL MG/KG FOR
NWW UNLESS NOTED AS "TCLP")

HALOGENATED ORGANIC COMPOUNDS

TETRACHLOROETHYLENE **
TETRACHLOROETHYLENE ***

1000 MG/L

INCIN*

6.0

5.6

EPA WASTE DESCRIPTION AND
CODE TREATMENT/REGULATORY SUBCATEGORY OR
REGULATED HAZARDOUS CONSTITUENT

TREATMENT STANDARD (*)
CONCENTRATION OR
TECHNOLOGY CODE

D039 TETRACHLOROETHYLENE

6.0 MG/KG ****

WASTE NAME: 737 PERCHLOROETHYLENE - DRY CLEAN F002 SKDOT#: 0000942
WASTE CODE(S): F002 D007 D008 D039 D040
TREATABILITY GROUP: NONWASTEWATERS

CALIFORNIA LIST PROHIBITED WASTES *** PROHIBITED LEVEL AND TREATMENT STANDARD

HALOGENATED ORGANIC COMPOUNDS

TETRACHLOROETHYLENE **
TETRACHLOROETHYLENE ***

1000 MG/L

INCIN*

6.0

5.6

F001, F002, F003, F004 AND/OR
F005 SPENT SOLVENT WASTES
REGULATED HAZARDOUS CONSTITUENTS

TREATMENT STANDARD CONCENTRATION
(TOTAL MG/L FOR WW, TOTAL MG/KG FOR
NWW UNLESS NOTED AS "TCLP")

HALOGENATED ORGANIC COMPOUNDS

TETRACHLOROETHYLENE **
TETRACHLOROETHYLENE ***

1000 MG/L

INCIN*

6.0

5.6

EPA WASTE DESCRIPTION AND
CODE TREATMENT/REGULATORY SUBCATEGORY OR
REGULATED HAZARDOUS CONSTITUENT

TREATMENT STANDARD (*)
CONCENTRATION OR
TECHNOLOGY CODE

D007 CHROMIUM (CR)

5.0 MG/L TCLP

D008 LEAD (PB)

5.0 MG/L EP OR TCLP

D039 TETRACHLOROETHYLENE

6.0 MG/KG ****

D040 TRICHLOROETHYLENE

6.0 MG/KG ****

NOTES

THE CONSTITUENT COMPOSITION IS BASED ON KNOWLEDGE OF THE WASTE (VIA MATERIAL SAFETY DATA SHEETS FOR THE CHEMICAL(S) USED, AND THE PROCESS WHICH CREATED THE WASTE).

NOTES: * THESE TREATMENT STANDARDS DO NOT PRECLUDE RECLAMATION PRIOR TO FINAL DISPOSITION.

** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 12-19-94.

*** TREATMENT STANDARDS APPLICABLE IN CERTAIN HSWA-AUTHORIZED STATES AND MEET UNIVERSAL TREATMENT STANDARDS.

**** NEW TREATMENT STANDARDS UNDER FEDERAL RULES EFFECTIVE 7-8-96.

NO NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

GENERATOR NAME: MAPLE PLAZA CLEANERS

EPA ID: ILD984832626

FIG# 606 LDI 603401 CUST 5-034-51-1236 TERR: 04 REF# 690182 SN: 9605



DRY CLEANING EXCLUSIVE SERVICE AGREEMENT

AGREEMENT #055

CHAIN CODE #5399

MAPLE PLAZA
~~ONE HOUR~~ CLEANERS

AUGUST 7, 1997

Customer Name (AAD Acquisition Only)

2265 MAPLE AVE

Date of Agreement

8/14/97

Customer Address

DOWNS GROVE, IL 60515

Date Service Commences

January 31, 2000

City, State, Zip

630-852-7670

Expiration Date of Agreement

847-468-6510

Customer Telephone Number

5-034-51-1236

Safety-Kleen Branch Telephone No.

335189

Safety-Kleen Customer Number

Safety-Kleen Document Number

Safety-Kleen agrees to provide hazardous waste pickup and proper disposal of dry cleaning filter powder, still bottoms and spent filters on a 4, 8, or 12-week service interval pursuant to the terms and conditions of Safety-Kleen's Dry Cleaner Sign-Up/Placement Form which was executed by Customer and Safety-Kleen and is incorporated herein by this reference, and the conditions set forth below. Customer agrees to only use Safety-Kleen to provide pick-up and/or disposal services for the dry cleaning hazardous wastes Customer generates, including still bottoms, spent filters and filter powder for the term of this Agreement.

Description	Date Service Commences			Unit of Measure
	through 1/31/98	2/1/98 - 1/31/99	2/1/99 - 1/31/2000	
Separator Water	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Perc Water	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Perc Cartridges	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Freon Waste	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Petro Waste	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Petro Cartridges	\$69.00	\$83.00	\$87.00	per 16-gallon drum
1,1,1, Waste	\$69.00	\$83.00	\$87.00	per 16-gallon drum
1,1,1, Cartridges	\$69.00	\$83.00	\$87.00	per 16-gallon drum
Standard Cartridge	\$69.00	\$83.00	\$87.00	per split 30-gal. drum

The term of this Agreement shall be from the date service commences until the expiration date, both of which dates are written above. The Service Prices set forth above shall be guaranteed for the term of this Agreement.

Payments hereunder will be made to Safety-Kleen in accordance with Safety-Kleen's invoice to Customer. Failure by Customer to pay when due any amounts invoiced hereunder and a continuation of that failure for ten (10) days will constitute a default under this Agreement. Upon a default, Safety-Kleen has the right to exercise one or more of the following remedies: (a) to declare the entire remaining service fees unpaid under this Agreement to be immediately due and payable, without notice or demand to Customer, (b) to terminate this Agreement and take possession of all Safety-Kleen-owned drums or pails, wherever those drums or pails are located, without notice or demand to Customer and without a court order or other legal process; or (c) pursue any other remedy available at law or equity. Customer authorizes Safety-Kleen to enter premises of Customer for such purposes.

CUSTOMER

Maple Plaza Cleaners
Print Customer's NameBy: [Signature]
Customer Representative's SignatureKONATHAN KUMAR
Print Name and Title of Customer Representative

SAFETY-KLEEN CORP.

By: [Signature]
Safety-Kleen Representative's SignatureRAYMOND E. DANCE
Print Safety-Kleen Representative's Name8245 5-034-01
Safety-Kleen Employee Number and Branch No.

17-16

TO: SAFETY-KLEEN CORP.

EPA ID NO.

ILD000805911

(DESIGNATED FACILITY)

(DESIGNATED FACILITY)

ADDRESS: 1500 VILLA STREET

ELGIN, IL 60120

Under manifest/sales service number 8121660 the generator noted below is shipping to you a waste determined to be restricted under 40 CFR Part 268. In accordance with CFR Part 268.7, the generator hereby provides notice that the waste is restricted from land disposal. A copy of this form must be kept by the generator and facility for five (5) years from the date of waste shipment.

PLEASE CHECK THE APPROPRIATE BOXES	WASTE NAME (FOR NON-WASTE WATER)	WASTE CODE *	THE WASTE MAY CONTAIN THE FOLLOWING RESTRICTED CONSTITUENTS	TREATMENT STANDARD (mg/kg) OR METHOD (unless otherwise noted)
<input type="checkbox"/>	Waste Paint Gun Cleaner SKDOT 10077	F003 F003 F003 F003 F005 F005 D001 D008 D018 D022 D028 D035 D039 D040	Acetone Methyl Isobutyl Ketone Xylene Methanol Methyl Ethyl Ketone Toluene Ignitable Liquid (High TOC Subcategory) Lead (TOC Subcategory) Benzene Chloroform 1,2 - Dichloroethane Methyl Ethyl Ketone Tetrachloroethylene Trichloroethylene	160 (non-waste water) 33 (non-waste water) 30 (non-waste water) ** 75 (non-waste water) 36 (non-waste water) 10 (non-waste water) ** Combustion (CMBST) or recovery (RORGS) (40CFR 268.42)(non-waste water) 5.0 (mg/l, non-waste water) 10 (non-waste water) 6.0 (non-waste water) 6.0 (non-waste water) 36 (non-waste water) 6.0 (non-waste water) 6.0 (non-waste water)
<input type="checkbox"/>	Waste Paint Related Material SKDOT 10078	F003 F003 F003 F003 F005 F005 D001 D007 D008 D018 D035 D039 D040	Acetone Methyl Isobutyl Ketone Xylene Methanol Methyl Ethyl Ketone Toluene Ignitable Liquid (High TOC Subcategory) Chromium Lead (TOC Subcategory) Benzene Methyl Ethyl Ketone Tetrachloroethylene Trichloroethylene	160 (non-waste water) 33 (non-waste water) 30 (non-waste water) ** 75 (non-waste water) 36 (non-waste water) 10 (non-waste water) ** CMBSTorRORGS(40CFR 268.42)(non-waste water) 5.0 (mg/l, non-waste water) 5.0 (mg/l, non-waste water) 10 (non-waste water) 36 (non-waste water) 6.0 (non-waste water) 6.0 (non-waste water)
<input type="checkbox"/>	Waste Paint Booth Filters	D007	Chromium This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45.	5.0 (mg/l, non-waste water)
<input type="checkbox"/>	Waste Petroleum Naphtha (Dry Cleaning)	D001 D039	Ignitable Liquid (High TOC Subcategory) Tetrachloroethylene	CMBSTorRORGS(40CFR 268.42)(non-waste water) 6.0 (non-waste water)
<input type="checkbox"/>	Waste Perchloroethylene	F002 D007 D008 D039 D040	Tetrachloroethylene Chromium Lead (TOC Subcategory) Tetrachloroethylene Trichloroethylene	6.0 (non-waste water) ** 5.0 (mg/l, non-waste water) 5.0 (mg/l, non-waste water) 6.0 (non-waste water) 6.0 (non-waste water)
<input checked="" type="checkbox"/>	Waste Perc. Filters	F002 D039	Tetrachloroethylene This hazardous debris is subject to the alternative treatment standards of 40CFR 268.45. Tetrachloroethylene	6.0 (non-waste water) ** 6.0 (non-waste water)
<input type="checkbox"/>	Waste Photo Services	D011	Silver	5.0 (non-waste water)
<input type="checkbox"/>	Separator Water	F002 D039	Tetrachloroethylene Tetrachloroethylene	.056 (mg/l, waste water) .056 (mg/l, waste water)
<input type="checkbox"/>	Waste Sterilant - Hot	D001 D035	Ignitable Liquid (High TOC Subcategory) Methyl Ethyl Ketone	CMBSTorRORGS(40CFR 268.42)(non-waste water) 36 (non-waste water)
<input type="checkbox"/>	Waste Trichlorotrifluoroethane	F002	Trichlorotrifluoroethane	30 (non-waste water)
<input type="checkbox"/>	Waste 1,1,1 Trichloroethane	F002	1,1,1 Trichloroethane	6.0 (non-waste water)

*The constituent composition is based on knowledge of the waste (via Material Safety Data Sheets for the chemicals used, and the process which created the waste).

**These treatment standards do not preclude reclamation prior to final disposition.

-- Prior to 12/19/94, the Federal treatment standards for these constituents were: Xylene - 28 mg/l; Toluene - 28 mg/l; Tetrachloroethylene - 5.6 mg/l.

These standards may still apply in some states.

-- NOTICE: GENERATOR IS NOT REQUIRED TO LIST UNDERLYING CONSTITUENTS BECAUSE TREATER WILL MONITOR FOR ALL REGULATED CONSTITUENTS PRIOR TO DISPOSAL.

5-034-51-1236 04 758343 1997-46

GENERATOR COMPANY:

MAPLE PLAZA CLEANERS

EPA ID NO.

ILD984832626

17-15